

PREA Facility Audit Report: Final

Name of Facility: Swanson Center for Youth at Monroe

Facility Type: Juvenile

Date Interim Report Submitted: 07/10/2023

Date Final Report Submitted: 01/22/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B Latham	Date of Signature: 01/22/ 2024

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	05/22/2023
End Date of On-Site Audit:	05/23/2023

FACILITY INFORMATION	
Facility name:	Swanson Center for Youth at Monroe
Facility physical address:	4701 South Grand Street, Monroe, Louisiana - 71202
Facility mailing address:	

Primary Contact	
Name:	Marsha Fountain
Email Address:	Marsha.Fountain2@la.gov
Telephone Number:	3186514810

Superintendent/Director/Administrator	
Name:	Barnaby Matteer
Email Address:	Barnaby.Matteer@la.gov
Telephone Number:	3186514810

Facility PREA Compliance Manager	
Name:	Marsha Fountain
Email Address:	marsha.fountain2@la.gov
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Mark Gaines
Email Address:	MaGaines@Wellpath.us
Telephone Number:	3183625000 ext. 4891

Facility Characteristics	
Designed facility capacity:	144
Current population of facility:	76
Average daily population for the past 12 months:	76
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	13 to 20
Facility security levels/resident custody levels:	Maximum
Number of staff currently employed at the facility who may have contact with residents:	141
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION

Name of agency:	Louisiana Office of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	7919 Independence Blvd, Baton Rouge, Louisiana - 70806
Mailing Address:	
Telephone number:	2252877900

Agency Chief Executive Officer Information:

Name:	Chad Wells
Email Address:	chad.wells@la.gov
Telephone Number:	(225) 287-7900

Agency-Wide PREA Coordinator Information

Name:	Patsy Adams	Email Address:	patsy.adams@la.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-22
2. End date of the onsite portion of the audit:	2023-05-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<ol style="list-style-type: none">1. The Wellspring Alliance for Families2. Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	144
15. Average daily population for the past 12 months:	76
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	72
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>141</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Residents were interviewed from all 6 open housing units.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

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

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>One additional resident, who reported sexual abuse, declined to be interviewed.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race, ethnicity, and languages spoken were considered.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

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

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	8	0	8	0
Staff-on-inmate sexual abuse	3	0	3	0
Total	11	0	11	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	0	4	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	6	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	7	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	3	0	6	1
Staff-on-inmate sexual abuse	1	1	1	0
Total	4	1	7	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	3	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	3	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

8

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. OJJ Organizational Chart 4. SCYM Organizational Chart 5. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p>

115.311 (a)

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

OJJ PREA Manual (page 6) The Office of Juvenile Justice is committed to complying with all provisions of the U.S. Department of Justice (DOJ) "Prison Rape Elimination Act" (PREA) by establishing zero tolerance toward all forms of sexual abuse and sexual harassment and provide for safe practices related to the prevention, detection, reduction, and punishment of all sexual assaults.

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

115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

OJJ PREA Manual (page 7) YS shall employ a PREA Coordinator who is responsible for developing, implementing, and overseeing PREA compliance Agency wide.

	<p>The PREA Coordinator is identified on the OJJ organizational chart as the PREA Coordinator. She confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p>115.311 (c) PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. The position of the PREA Compliance Manager is in the agency’s organizational structure.</p> <p>OJJ PREA Manual (page 7) Each facility shall designate a PREA Compliance Manager who shall be responsible for coordinating the facility’s PREA compliance efforts.</p> <p>The PREA Compliance Manager is identified on the SCYM organizational chart as Program Consultant. She confirmed she has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. SCYM Pre-Audit Questionnaire 2. Contracts <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator Designee (PREA Coordinator) <p>Findings (By Provision):</p> <p>115.312 (a) PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards.</p> <p>Since the last PREA audit:</p> <ul style="list-style-type: none"> • The number of contracts for the confinement of residents that the agency entered

into or renewed with private entities or other government agencies: 12

- The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0

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

115.312 (b)

PAQ: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards.

Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: 3

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

The PREA Coordinator confirmed new and renewed contracts for confinement services are monitored to determine if the contractor complies with required PREA practices. PREA compliance results have been completed for each contract entered into agreement within the past 12 months. Contract facilities have completed and submitted PREA compliance results.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. YS Policy C.2.11 Prison Rape Elimination Act (PREA)
2. OJJ PREA Manual, Fifth Edition 2023
3. Staffing Plan
4. 2022 Staffing Plan Review
5. Shift Reports
6. Supervisory Monitoring Logs (Unannounced Rounds)
7. SCYM Pre-Audit Questionnaire

Documents (Corrective Action):

1. Shift Reports: Compliance with Staffing Ratios During Resident Waking Hours – 12/4/2023
2. Staffing Plan Review Statement – 9/13/2023

Interviews:

1. Superintendent or Designee (Interim Facility Director)
2. PREA Coordinator
3. PREA Compliance Manager
4. Intermediate or Higher-Level Facility Staff (Shift Commander)

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.313 (a)

PAQ: Since the 2020 PREA audit:

The average daily number of residents: 74

The average daily number of residents on which the staffing plan was predicated: 74

OJJ PREA Manual (page 7) Each facility shall develop, implement, and document a staffing plan that provides for adequate level of staffing, and where applicable, video monitoring, to protect youth against all forms of abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration the following:

- Generally accepted juvenile detention and correctional secure residential practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind spots" or areas where staff or youth may be isolated);
- The composition of the youth population;
- The number and placement of supervisory staff;
- Facility programs occurring on a particular shift;
- Any applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incident of sexual abuse;

- Any other relevant factors.

The auditor reviewed the facility staffing plan. The staffing plan is fully inclusive of the standard provision requirements.

115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

OJJ PREA Manual (page 7) Each facility shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The Facility Director confirmed the facility has been unable to meet the requirements of the staffing plan. The facility has been unable to maintain staffing ratios of 1:8 during waking hours since the start of the pandemic.

The auditor reviewed the documented deviations for verification the facility is in compliance with the standard provision requirement of documenting and justifying all deviations from the staffing plan. The Supervisory Monitoring Logs indicate the living units are often not in compliance with the 1:8 ratio during resident waking hours.

115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility does not maintain staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

The number of days the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 364

The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

PREA Site Review:

During the site review of the facility the auditor observed the living units were not compliant with the required daytime staffing ratios.

Through corrective action, the facility provided shift reports demonstrating compliance with staffing ratios of a minimum of 1:8 during resident waking hours, for a period of 45 days during November and December (12/4/2023).

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

3. The staffing plan;
4. Prevailing staffing patterns;
5. The deployment of monitoring technology; or

6. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

OJJ PREA Manual (page 7) At least once per year, the agency in consultation with the PREA coordinator, shall assess, determine, and document whether adjustments are necessary to the staffing plans and deployment of video monitoring and other monitoring systems for its secure care facilities.

Steps taken to address any identified necessary adjustment to staffing patterns and deployment of monitoring systems shall be documented by the PREA Coordinator and affected facility PREA Compliance Manager for review by the U.S. DOJ.

Documentation review and interviews confirmed a staffing plan review occurred in 2022. The auditor requests the 2020 and 2021 staffing plan reviews to determine compliance with the annual requirement for the reviews is being met.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

OJJ PREA Manual (pages 7-8) YS Policy and facility Standard Operating Procedures (SOPs) shall implement practices requiring intermediate or higher level supervisors to conduct and document unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment, pursuant to YS Policy No. C.2.19.

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

An interview with a Juvenile Justice Specialist IV confirmed he conducts unannounced rounds. They are conducted on all shifts and he stated she does not announce the rounds are occurring conducts them at different times. He documents the rounds on the Supervisory Monitoring Form.

The auditor reviewed documentation showing that unannounced rounds are occurring as required by policy. The facility records the unannounced rounds on the Supervisory Monitoring Form.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.

115.313 (c) The facility provided shift reports demonstrating compliance with staffing ratios of a minimum of 1:8 during resident waking hours, for a period of 45

days, during November and December (12/4/2023).

115.313 (d) Annual staffing plan assessments are required by the standard provision. The auditor requested the 2020 and 2021 staffing plan reviews to determine compliance with the annual requirement for the reviews is being met. The facility reported the reviews were not completed and provided a assigned statement that reviews would occur annually (9/13/2023).

115.315 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. YS Policy C.2.11 Prison Rape Elimination Act (PREA)
2. YS Policy C.2.3 Searches of Youth
3. OJJ PREA Manual, Fifth Edition 2023
4. Strip Search Log
5. Training PowerPoint
6. Training Video
7. Training Logs
8. SCYM Pre-Audit Questionnaire

Interviews:

3. Random Sample of Staff
4. Random sample of Residents
5. Transgender or Intersex Residents – None present

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.315 (a)

PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0

The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: N/A

OJJ PREA Manual (page 8) Cross-gender strip searches or visual body cavity searches are prohibited except in exigent circumstances or when performed by

medical practitioners.

PREA Site Review:

The auditor observed full searches would be conducted by male staff, not in view of female staff.

115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

The number of cross-gender pat-down searches of residents: 0

The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): N/A

OJJ PREA Manual (page 8) Cross-gender pat-down searches are prohibited unless exigent circumstances are present and shall be justified and documented on a UOR when they occur.

Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search.

115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

OJJ PREA Manual (page 8) Pursuant to YS Policy Nos. B.2.20 and C.2.3, when cross-gender searches occur they must be justified and documented on an Unusual Occurrence Report (UOR) by the employee conducting the search and a witness to the search.

The auditor reviewed the Strip Search Log is used to document such searches.

115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

OJJ PREA Manual (page 8) YS policies and secure care facility SOPs shall be implemented that enable youths to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing private body parts except in exigent circumstances or when such viewing is incidental to routine cell

checks.

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

Staff interviews confirmed female staff would announce their presence if they were to enter one of the housing units. They also confirmed residents are able to shower, change clothing, and perform bodily functions without being seen by female staff. Resident interviews confirmed female staff announce their presence if they enter one of the housing units. No residents interviewed reported ever having been naked in full view of female staff while showering, changing clothing, or performing bodily functions.

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing behind a door or shower curtain, depending on the dorm they are assigned to. The auditor observed cross-gender announcements during the site review. The auditor observed no bathrooms or showers are in camera view.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

OJJ PREA Manual (page 8) Searches, or physical exams of transgender or intersex youth shall not be utilized solely to determine genital status. Alternative methods of determining status if necessary, shall be utilized.

Staff interviews confirmed they are aware policy prohibits them from conducting a physical examination or search of transgender or intersex resident solely for the purpose of determining the resident's genital status.

115.315 (f)

PAQ: The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

OJJ PREA Manual (page 8) Staff shall be appropriately trained on conducting cross-gender pat-down searches, and searches of transgender and intersex youth pursuant to YS Policy Nos. A.2.24 and B.2.20.

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. Training is accomplished using the Guidance in Cross-Gender and Transgender Pat Searches Training Curriculum.

The auditor reviewed the Guidance in Cross-Gender and Transgender Pat Searches Training Curriculum and staff training records from 2022 to 2023, for verification the training is provided.

	<p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.</p>
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<p>115.316</p>	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. OJJ PREA Manual, Fifth Edition 2023 2. MOU with 1-World Language LLC 3. Youth Safety Guide Pamphlet - English & Spanish 4. Youth PREA Orientation - English & Spanish 5. SCYM Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Translator Access - 5/24/2023 2. Staff Training on PREA Compliant Practices for Residents with Disabilities - 12/8/2023 3. Staff Training on PREA Compliant Practices for Residents with Limited English -Proficiency - 12/8/2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (Chief of Operations) 2. Random sample of Staff 3. Residents (with disabilities or who are limited English proficient) <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.316 (a)</p> <p>PAQ: The agency has established procedures to provide disabled residents 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.</p> <p>OJJ PREA Manual (page 9) Youth with disabilities shall have an equal opportunity to participate in and benefit from all aspects of YS’s efforts to prevent, detect, and respond to injurious sexual conduct and sexual harassment. When necessary, to ensure effective communication, youth with hearing deficits shall be provided an interpreter. Written materials shall be provided in a format which ensures effective</p>

communication with youth with disabilities. YS is not mandated to take steps which would result in a fundamental alteration in a service program or activity or in undue financial and administrative burdens in accordance with Title II of the American with Disabilities Act (ADA).

The Chief of Operations stated services are in place to provide residents who are deaf or hard of hearing or residents with disabilities equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The PREA Compliance Manager provided an explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have 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. The facility has translation services available. PREA materials are available in Braille. Special education teachers and mental health staff are available as needed.

Two residents with an intellectual disability were identified during the onsite phase of the audit. The residents stated they the facility provided information about sexual abuse and sexual harassment that they are able to understand. They stated they did not require any accommodation.

The auditor requested staff training records for staff training on PREA compliant practices for residents with disabilities to enable a compliance determination. Through corrective action, the facility completed the training and provided training sign-in sheets to the auditor (12/8/2023).

115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency 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.

OJJ PREA Manual (page 9) Youth who are limited English proficient shall have meaningful access to all aspects of YS' efforts to prevent, detect and respond to sexual abuse, injurious sexual conduct, and sexual harassment.

1-World Language LLC provides interpreter services for limited English proficient residents. The Youth PREA Orientation is available in English and Spanish. The Youth Safety Guide Pamphlet is also available in English and Spanish.

There were no residents who are limited English proficient identified during the onsite phase of the audit. The auditor was unable to test the availability of language translation due to a lack of information. Through corrective action, the agency provided policy that details the process for obtaining a translator (5/24/2023). Residents would complete the Youth Request for Accommodation Form to obtain services.

The auditor requested staff training records for staff training on PREA compliant practices for residents with Limited English Proficiency to enable a compliance determination. Through corrective action, the facility completed the training and provided training sign-in sheets to the auditor (12/8/2023).

115.316 (c)

PAQ: Agency policy prohibits use of 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. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations: 0

OJJ PREA Manual (page 9) Youth interpreters, readers or assistants shall not be relied upon except where an extended delay in obtaining an effective interpreter could compromise a youth's safety, the performance of first-responder duties under US DOJ PREA Standard 115.364, or the investigation of the youth's allegations.

There were no residents in need of an interpreter during the onsite phase of the audit.

Staff interviews confirmed no resident interpreters, resident readers, or other types of resident assistants have been used in relation to allegations of sexual abuse or sexual harassment in the 12 months preceding the audit.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Corrective action is complete.

115.316 (a) Staff training on PREA compliant practices for residents with disabilities was required for compliance with the standard provision. The facility completed the training and provided training sign-in sheets to the auditor (12/8/2023).

115.316 (b) Staff training on PREA compliant practices for residents with Limited English Proficiency was required for compliance with the standard provision. The facility completed the training and provided training sign-in sheets to the auditor (12/8/2023).

115.316 (b) The agency provided policy that details the process for obtaining a translator (5/24/2023). Residents would complete the Youth Request for

	Accommodation Form to obtain services.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Criminal Record Check Requests 4. PREA Reference Checks 5. SCYM Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. PREA Questionnaires - 12/14/2023 2. Statement: Consideration of Incidents of Sexual Harassment - 12/14/2023 3. Criminal Background Record Checks - 12/27/2023 4. DCFS State Central Registry Disclosures - 12/15/2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.317 (a)</p> <p>PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 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. <p>OJJ PREA Manual (page 9) Job applicants and contractors shall NOT be hired, or services contracted for if the applicant/contractor has:</p> <ul style="list-style-type: none"> • Engaged in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility or other institution as defined in federal law. (42 USC 1997) • Been convicted of engaging or attempting to engage in sexual activity in the

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

- Been civilly or administratively adjudicated to have engaged in any activity described in subparagraph b. above.

The HR staff interview revealed the facility will ask all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

The auditor requested documented evidence the 3 questions regarding past conduct were asked and answered to enable a determination of compliance with the standard provision. Documentation was requested for all new hires during the 12-month audit period. Through corrective action, the facility provided the PREA Questionnaires (12/14/2023).

115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

OJJ PREA Manual (page 9) Incidents of sexual harassment shall be considered when making decisions to hire, promote or enter into contracts.

The HR staff stated the department considers prior 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 the residents.

The agency developed a form to consider incidents of sexual harassment (1/25/2023). The auditor requested documented evidence the form has been implemented to document the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Through corrective action, the facility provided a statement regarding implementation of the updated PREA Questionnaire (12/14/2023).

115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.

During the past 12 months:

- The number of persons hired who may have contact with residents who have had criminal background record checks: 120
- The percent of persons hired who may have contact with residents who have had criminal background record checks: 85%

OJJ PREA Manual (page 10) Prior to hiring new employees, the following checks shall occur:

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

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions. The HR staff also confirmed the agency consults the Department of Children and Family Services (DCFS) child abuse registry.

The auditor reviewed 12 examples of Criminal Record Check Requests for staff interviewed. The auditor requests the Criminal Record Check Requests for all staff interviewed to enable a compliance determination. Through corrective action, the facility provided the criminal background record checks and a statement regarding conducting the checks (12/27/2023). Some of the criminal background record checks were completed through corrective action and the statement detailed issues identified and a plan for of action for compliance.

The auditor requested the DCFS State Central Registry Disclosures for new hires and staff interviewed to enable a compliance determination. Through corrective action, the facility provided the DCFS State Central Registry Disclosures (12/15/2023).

The auditor observed the PREA Reference Checks asks about previous work for law enforcement related agencies. The auditor reviewed examples to verify compliance with the standard provision requirement.

115.317 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

- The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 3
- The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

OJJ PREA Manual (page 10) The following checks shall occur:

- The Unit's HR Liaison shall perform a criminal background check pursuant to YS Policy No. A.2.18;

- PSS/HR shall consult the Department of Children and Family Services (DCFS) child abuse registry; and
- Consistent with law, PSS/HR shall additionally use their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of allegation of sexual abuse.

The HR staff 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 auditor requested the Criminal Record Check Requests for all contracted staff to enable a compliance determination. Through corrective action, the facility provided the criminal background record checks and a statement regarding conducting the checks (12/27/2023).

The auditor requested the DCFS State Central Registry Disclosures for all contracted staff to enable a compliance determination. Through corrective action, the facility provided the DCFS State Central Registry Disclosures (12/8/2023).

115.317 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

The HR staff confirmed OJJ has in place a system that alerts agency staff of an arrest.

115.317 (f)

OJJ PREA Manual (page 10) Job applicants and employees shall be asked directly about previous misconduct described in provision (a) in written applications, interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

The HR staff interview revealed the facility will ask all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

The auditor requested documented evidence the 3 questions regarding past conduct were asked and answered for all new hires and staff interviewed at hire, promotion, and in any interviews or written self-evaluations conducted as part of reviews of current employees. Through corrective action, the facility provided the PREA Questionnaires (12/14/2023).

115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

OJJ PREA Manual (page 10) Material omissions or providing materially false information shall be grounds for termination.

	<p>115.317 (h) OJJ PREA Manual (page 11) Employees designated to respond to requests from an institutional employer for whom a former employee has applied to work, shall provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.</p> <p>The HR staff confirmed the facility would provide this information if requested to do so.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.</p> <p>115.317 (a) The facility provided the PREA Questionnaires (12/14/2023).</p> <p>115.317 (b) The agency developed a form to consider incidents of sexual harassment (1/25/2023). The facility provided a statement regarding implementation of the updated PREA Questionnaire (12/14/2023).</p> <p>115.317 (c) The facility provided the criminal background record checks and a statement regarding conducting the checks (12/27/2023). Some of the criminal background record checks were completed through corrective action and the facility provided a statement detailing issues identified and a plan for of action for compliance.</p> <p>The facility provided the DCFS State Central Registry Disclosures (12/15/2023).</p> <p>115.317 (d) The facility provided the criminal background record checks for all contracted staff and a statement regarding conducting the checks (12/27/2023).</p> <p>The facility provided the DCFS State Central Registry Disclosures for all contracted staff (12/8/2023).</p> <p>115.317 (f) The auditor requested documented evidence the 3 questions regarding past conduct were asked and answered for all new hires and staff interviewed to enable a compliance determination. The facility provided the PREA Questionnaires (12/14/2023).</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents:

1. OJJ PREA Manual, Fifth Edition 2023
2. Facility Schematics
3. SCYM Pre-Audit Questionnaire

Interviews:

1. Agency Head or Designee (Chief of Operations)
2. Superintendent or Designee (Facility Director)

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.318 (a)

PAQ: The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

OJJ PREA Manual (page 11) All designing, acquiring, renovations, additions, and new construction shall be of a design that facilitates direct contact between youth and staff, while considering the agency's ability to protect youth from sexual abuse.

The PAQ indicates the Acadiana Center for Youth and the Acadiana Center for Youth at St. Martinsville are new facilities. The Chief of Operations and Facility Director both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

115.318 (b)

PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

OJJ PREA Manual (page 11) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect youth from sexual abuse.

The Chief of Operations and Facility Director both confirmed 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.

Conclusion:

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

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1289 416">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 425 472 461">Documents:</p> <ol data-bbox="280 465 1043 707" style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Louisiana law RS 13:5713 F 4. MOU: The Wellspring Alliance for Families 5. Memo: Coroner’s Office SANE Services 6. SCYM Pre-Audit Questionnaire <p data-bbox="280 748 459 784">Interviews:</p> <ol data-bbox="280 788 884 949" style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Sample of Staff 3. SAFEs/SANEs 4. Residents who Reported a Sexual Abuse <p data-bbox="280 990 699 1025">Site Review Observations:</p> <p data-bbox="280 1030 1018 1066">Observations during on-site review of physical plant</p> <p data-bbox="280 1106 660 1142">Findings (By Provision):</p> <p data-bbox="280 1146 466 1182">115.321 (a)</p> <p data-bbox="280 1187 1430 1299">PAQ: The facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on- resident sexual abuse or staff sexual misconduct).</p> <p data-bbox="280 1339 1436 1415">The OJJ Department of Investigative Services (IS) is responsible for administrative and criminal investigations of allegations of sexual abuse.</p> <p data-bbox="280 1456 1423 1612">Staff interviews confirmed they are knowledgeable of the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that the OJJ Department of Investigative Services (IS) is responsible for conducting sexual abuse investigations.</p> <p data-bbox="280 1653 466 1688">115.321 (b)</p> <p data-bbox="280 1693 1126 1729">PAQ: The protocol is developmentally appropriate for youth.</p> <p data-bbox="280 1769 1452 1926">OJJ PREA Manual (page 11) Investigative Services (IS) shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, pursuant to YS Policy Nos. A.1.4 and C.4.6.</p> <p data-bbox="280 1966 1465 2078">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. DOJ’s Office on Violence Against Women publication, “A National Protocol for Sexual</p>

Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

The number of forensic medical exams conducted: 0

The number of exams performed by SANEs/SAFEs: 0

The number of exams performed by a qualified medical practitioner: 0

OJJ PREA Manual (pages 11-12) Youth who experience sexual abuse shall have access to forensic medical examinations, without financial cost where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The CHP shall document its efforts to provide SAFEs or SANEs and forward that documentation to the youth’s Case Manager for entry into JETS.

Pursuant to LSA R.S. 13:5713 F as amended by Act 229 of the 2015 Louisiana Legislature, the coroner or his designee shall examine all alleged victims of a sexually-oriented criminal offense. The coroner may select the hospital or healthcare provider named as the lead entity for sexual assault examinations in the regional plan required by R.S.40:1216.1 as his designee to perform the forensic medical examination.

115.321 (d)

PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

OJJ PREA Manual (page 12) Every attempt shall be made to make a victim advocate from a rape crisis center available to the victim. If a rape crisis center is not available to provide victim advocate services, a qualified staff member from a community-based organization or a qualified Agency staff member shall be made available to provide these services.

Efforts to secure services from rape crisis centers shall be documented by the CHP. A rape crisis center that is part of a governmental unit may be utilized 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. Documented efforts shall be forwarded by the CHP to the youth's Case Manager for entry into JETS.

SCYM has an MOU with The Wellspring Alliance for Families for qualified victim advocacy services. The Wellspring Alliance for Families provides victim advocacy and accompaniment to forensic medical examinations. Services are provided at no cost.

The PREA Compliance Manager stated the facility would make available to the victim a victim advocate from The Wellspring Alliance for Families. The auditor contacted The Wellspring Alliance for Families and confirmed the availability of victim advocacy services.

Two residents were identified as having reported sexual abuse. One resident refused to be interviewed and the second resident stated he reported an allegation of sexual harassment. The auditor reviewed the investigation report and discovered the allegation was reported as sexual abuse. The investigation report indicates the resident was examined by medical staff and assessed by mental health staff.

115.321 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

OJJ PREA Manual (page 12) 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.

The PREA Compliance Manager confirmed the facility would make available to the victim a victim advocate from The Wellspring Alliance for Families.

115.321 (f)

PAQ: If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The OJJ Department of Investigative Services (IS) is responsible for administrative and criminal investigations of allegations of sexual abuse.

Conclusion:

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

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. YS Policy A.1.4 Investigative Services 4. Investigation Reports 5. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (Chief of Operations) 2. Investigative Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.322 (a)</p> <p>PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <p>The number of allegations of sexual abuse and sexual harassment that were received: 9</p> <p>The number of allegations resulting in an administrative investigation: 9</p> <p>The number of allegations referred for criminal investigation: 0</p> <p>Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.</p> <p>OJJ PREA Manual (page 13) An administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment pursuant to YS Policy No. A.1.4.</p> <p>The Chief of Operations confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>The auditor reviewed 10 administrative investigation reports for allegations of sexual harassment and sexual abuse. There were 5 unsubstantiated allegations of resident-on-resident sexual abuse, 2 unsubstantiated allegations of staff-on-resident sexual abuse, 1 substantiated allegation of resident-on-resident sexual abuse, and 2 unsubstantiated allegations of resident-on-resident sexual harassment.</p>

	<p>115.322 (b) PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>OJJ PREA Manual (page 13) Allegations of sexual abuse or sexual harassment shall be referred to IS for investigation. The IS policy shall be published on the Office of Juvenile Justice (OJJ) website at http://www.ojj.la.gov/.</p> <p>YS Policy A.1.4 - Investigative Services is published on the OJJ website under the URL https://ojj.la.gov/wp-content/uploads/2022/10/A.1.4-Investigative-Services-10-18-22.pdf. The OJJ Department of Investigative Services has the legal authority to conduct criminal investigations.</p> <p>115.322 (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.</p> <p>The OJJ Department of Investigative Services (IS) is responsible for administrative and criminal investigations of allegations of sexual abuse.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Training Curriculum 4. Training Records 5. SCYM Pre-Audit Questionnaire

Interviews:

Random Sample of Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.331 (a)**

PAQ: The agency trains all employees who may have contact with residents on the eleven (11) required topics.

OJJ PREA Manual (pages 13-14) Prior to having contact with youth, all staff shall be trained on how to recognize the signs of injurious sexual conduct, and understand their responsibility in the detection, prevention, investigation, and reporting of sexual abuse and sexual harassment during new employee orientation and annual in-service training. Training topics shall consist of, but not be limited to, the following:

1. The policy of zero-tolerance for sexual abuse and sexual harassment;
2. Fulfilling their responsibilities regarding sexual abuse and sexual harassment prevention, detection and reporting, including relevant laws related to mandatory reporting of sexual abuse to outside authorities;
3. Youths' right to be free from sexual abuse and sexual harassment;
4. Youths' and employees' right 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. Common reactions of juvenile victims of sexual abuse and sexual harassment, including isolation, depression, etc.;
7. Detecting and responding to signs of threatened and actual sexual abuse; sexually aggressive behavior and how to distinguish between consensual sexual contact and sexual abuse between youth;
8. Avoiding inappropriate relationships with youth;
9. Communicating effectively and professionally with youth, including those who are lesbian, gay, bisexual, transgender, intersex, questioning (LGBTIQ), or gender nonconforming;
10. Relevant laws regarding the applicable age of consent; and
11. Awareness and enforcing of policies and procedures regarding sexual conduct of youth

The training curriculum includes all of the topics required by the standard. Staff interviews confirmed they have received annual training on the required topics. The auditor reviewed the training curriculum and 2022-2023 staff training records.

115.331 (b)

PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

OJJ PREA Manual (page 14) Training shall be tailored to the unique needs and attributes of youth of juvenile facilities and to the gender of the youth at the

employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male youths to a facility that houses only female youths, or vice versa.

115.331 (c)

PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually

OJJ PREA Manual (page 14) All current employees shall be provided with annual refresher training on current sexual abuse and sexual harassment policies and procedures pursuant to YS Policy No. A.2.24.

The auditor reviewed the training curricula and staff training records for 2022-2023.

115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

OJJ PREA Manual (pages 14-15) Employee attendance and understanding of the training provided shall be documented, through employee signature on the "Staff Confirmation of Receipt" [see Attachment C.2.11 (b)], as well as entry into the "Training Records Entry Database" (TREC) pursuant to YS Policy No. A.2.24. Signed receipts shall be forwarded to PSS/HR to be filed in the employee's personnel file.

The auditor reviewed training records. Staff sign they have completed the required training.

Conclusion:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Training Curriculum

4. Training Records
5. Training Certificates
6. SCYM Pre-Audit Questionnaire

Interviews:

1. Volunteers or Contractors who have Contact with Residents (no active volunteers)

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.332 (a)

PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 20

OJJ PREA Manual (page 15) Volunteers and contractors who have contact with youths shall be trained on their responsibilities under the Agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with youth, but all volunteers and contractors who have contact with youth shall be notified of the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interviews with contractors confirmed they have been trained on their responsibilities under OJJ's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They reported they would report to their supervisor. The auditor reviewed training records for 16 contracted medical staff. Currently there are no active volunteers.

115.332 (b)

PAQ: 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.

OJJ PREA Manual (page 15) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with youth.

Contracted Wellpath staff receive the topics required by standard 115.331 and the specialized training topics required by 115.335. The auditor reviewed training records and certificates for verification.

	<p>115.332 (c) PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>OJJ PREA Manual (page 15) Documentation confirming that volunteers and contractors understand the training received above in Employees, Section (A) above, shall be confirmed through their signature on the “Contract Provider/ Volunteer Confirmation of Receipt” [see Attachment C.2.11 (c)]. For contractors providing a service which does not require direct contact/involvement with youth (electrician, vending machine, pest control, etc.), the Agency shall utilize the “Contract Provider Confirmation Receipt for Contractors without Direct Contact with Youth” [see Attachment C.2.11 (c.1)].</p> <p>The auditor reviewed training records and certificates for verification the receipt of training is documented. Contractors sign that they have received the training.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. OJJ PREA Manual, Fifth Edition 2023 2. MOU with 1-World Language LLC 3. OJJ PREA PowerPoint 4. Youth Safety Guide Pamphlet - English & Spanish 5. Youth PREA Orientation - English & Spanish 6. PREA Posters - English & Spanish 7. Youth Confirmation of Receipt of PREA 8. SCYM Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Translator Access (5/24/2023) 2. Pictures of Corrected and Posted Signage (7/7/2023) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.333 (a)

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.

Of residents admitted during the past 12 months, the number who were given this information at intake: 50

OJJ PREA Manual (page 18) Upon admission to a YS secure care or contracted facility, youth shall receive: Information in an age-appropriate fashion explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The auditor observed the intake process. Residents are given PREA educational materials at intake. The PREA materials instruct residents about the zero-tolerance policy and how to report sexual abuse or sexual harassment. The residents also receive all of topics required for resident PREA education during intake. Residents sign the Youth Confirmation of Receipt of PREA. The intake staff stated residents transferred from other facilities are educated in the same manner as all residents.

The auditor reviewed the Youth Confirmation of Receipt of PREA for 12 residents present during the 12-month audit period. The auditor reviewed the Youth Confirmation of Receipt of PREA for 16 residents interviewed. The receipts do not have an admission date to demonstrate when the education was received. Through reviewing the risk assessments, the auditor was able to determine the residents received information on the zero-tolerance policy and how to report sexual abuse or sexual harassment as well as other helpful information during intake.

Residents interviewed confirmed they were told about their right to not be sexually abused or sexually harassed, how to report sexual abuse and sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. Residents interviewed confirmed they were given information about the rules against sexual abuse and sexual harassment.

115.333 (b)

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 50

OJJ PREA Manual (page 18) Within two (2) days, but no more than ten (10) days of direct admission, comprehensive age-appropriate education shall be provided to youth by showing the OJJ designed PowerPoint presentation regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and Agency policies and procedures for responding to such incidents pursuant to YS Policy No. B.2.3. The PowerPoint presentation shall include

information to teach youth how to:

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

The auditor observes the residents receive all of topics required for resident PREA education during intake.

115.333 (c)

PAQ: All residents were educated within 10 days of intake.

OJJ PREA Manual (page 18) Upon transfer to a different facility, youth shall be briefed on the same information required by provision (b) within the same time parameters.

115.333 (d)

PAQ: 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.

OJJ PREA Manual (page 18) The agency shall provide youth education in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youths who have limited reading skills.

The Chief of Operations stated services are in place to provide residents who are deaf or hard of hearing or residents with disabilities equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The PREA Compliance Manager provided an explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have 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. The facility has translation services available. PREA materials would be available in Braille. Special education teachers and mental health staff are available as needed.

1-World Language LLC provides interpreter services for limited English proficient residents. The Youth PREA Orientation is available in English and Spanish. The Youth Safety Guide Pamphlet is also available in English and Spanish.

The auditor was unable to test the availability of language translation due to a lack of information. Through corrective action, the agency provided policy that details the process for obtaining a translator (5/24/2023).

Two residents with an intellectual disability were identified during the onsite phase

of the audit. The residents stated they the facility provided information about sexual abuse and sexual harassment that they are able to understand. They stated they did not require any accommodation.

There were no residents who are limited English proficient identified during the onsite phase of the audit.

115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

OJJ PREA Manual (pages 18-19) The agency shall maintain documentation of a youth's participation in these education sessions. Secure care staff shall ensure the youth signs a "Youth Confirmation of Receipt" during the orientation/admission process, and files it in the youth's hard copy Master Record under Clip VIII. Secure care staff shall ensure youth signs a "Youth Confirmation of Receipt" form again upon transfer to a different facility as indicated in Section V.A.4.

Residents sign an acknowledgement, the Youth Confirmation of Receipt of PREA, verifying they reviewed and understand the information given to them about PREA. The auditor reviewed 28 examples.

115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

OJJ PREA Manual (page 19) The Agency shall ensure that key information is continuously and readily available or visible to youths through posters, youth handbooks or other written formats.

The auditor observed signage was not consistent and contained out-of-date information. Through corrective action, the posters were updated to reflect current information and calling procedures. The facility provided pictures of the corrected signage (6/21/2023). Posters are located throughout the facility, including next to the telephones. The posters are in English and Spanish. The posters were in a large font and not obscured by graffiti or damaged. Additionally, the Youth Safety Guide provides ongoing PREA education information, such as contact information for reporting.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. Corrective action is complete.

115.333 (d) The agency provided policy that details the process for obtaining a translator (5/24/2023).

115.333 (f) The posters were updated to reflect current information and calling

procedures. The facility provided pictures of the corrected signage (7/7/2023).

115.334 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. YS Policy C.2.11 Prison Rape Elimination Act (PREA)
2. OJJ PREA Manual, Fifth Edition 2023
3. Training Curriculum
4. Training Records
5. NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting
6. SCYM Pre-Audit Questionnaire

Interviews:

1. Investigative Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.334 (a)

PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Policy states investigators shall have received training in conducting sex abuse investigations in confinement settings.

The auditor reviewed annual training required by §115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the OJJ investigator.

115.334 (b)

OJJ PREA Manual (page 16) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, pursuant to YS Policy No. A.1.4. and responsibilities, which include the right to be free from abuse and neglect.

Training is accomplished through online training presented by the National Institute of Corrections. An interview with the investigator confirmed he has received the required training. The auditor reviewed training records for verification.

115.334 (c)

	<p>PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 3</p> <p>OJJ PREA Manual (page 16) Required training shall be documented in TREC.</p> <p>The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the OJJ investigator.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Training Curriculum 4. Training Records 5. NIC Certificates 6. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 5. Contract Medical Staff 6. Contract Mental Health Staff <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision): 115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 16 The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%</p>

OJJ PREA Manual (page 16) All full- and part-time medical and mental health care practitioners who work regularly in its facilities shall be trained in the methods of and procedures to:

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

Training is accomplished through online training presented by the National Institute of Corrections.

Interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed the NIC Certificates and training records for 16 medical and mental health staff for verification the training was received.

115.335 (b)

PAQ: OJJ does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at the facility. Forensic examinations are performed by a SANE at a location designated by the Parish Coroner's Office.

115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

OJJ PREA Manual (page 17) Documentation that medical and mental health practitioners have received the training referenced in Section IV.D.1 above from the Agency shall be documented through signature on the "Staff Confirmation of Receipt", pursuant to YS Policy No. A.2.24. Receipts shall be maintained in the CHP employee's file with a copy forwarded to the unit's designated training staff for filing.

Documentation that the training referenced in Section IV.D.1 above was received elsewhere shall be maintained in the CHP employee's file with a copy forwarded to the unit's designated training staff for filing.

The auditor reviewed training records and NIC Certificates for verification the training has been received.

115.335 (d)

OJJ PREA Manual (page 17) Medical and mental health care practitioners shall also receive the training mandated for employees under Section IV.A above, or for contractors and volunteers under Section IV.B above, depending upon the practitioner's status at the Agency. Receipts shall be maintained in the CHP employee's file with a copy forwarded to the unit's designated training staff for

	<p>filing.</p> <p>The auditor reviewed staff training records to confirm the training was received.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Intake & Quarterly Staffing Screening and Housing Assessment 4. Screening Instrument Review (5/9/2023) 5. SCYM Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Risk Reassessments - 11/12/2023 and 1/22/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Random Sample of Residents <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision): 115.341 (a) PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>In the past 12 months: The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for</p>

risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 136

The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 84.5%

The policy requires that a resident's risk level be reassessed at 30 days and every 6 months thereafter.

OJJ PREA Manual (page 19) Within 72 hours of the youth's arrival at the facility, 30 days from youth's arrival at the facility, each full SAVRY reassessment, after a PREA Incident, and if the youth is at substantial risk of imminent sexual abuse, the Agency shall obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a youth.

The auditor reviewed 12 completed initial risk screens for the 12-month audit period. Of the initial risk screens 9 were completed within 72 hours of admission, 2 had no date of the assessment being conducted, and 1 was past 72 hours. The auditor reviewed 14 completed initial risk screens for residents interviewed. Of the initial risk screens 12 were completed within 72 hours of admission and 2 were past 72 hours.

Documentation review and interview with the PREA Compliance Manager revealed reassessments had not been completed consistently. Through corrective action, the facility provided five 30-day reassessments and five 6-month reassessments (11/12/2023 and 1/22/2024). The auditor observed the reassessments demonstrate compliance with the standard provision requirement.

The Staff 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. She stated risk levels have been reassessed quarterly.

The residents interviewed who entered the facility within the past twelve months confirmed they were asked questions like the following examples at intake:

1. Have you 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?

115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

OJJ PREA Manual (page 18) Assessments shall be conducted using the "Intake & Quarterly Staffing Screening and Housing Assessment" objective screening instrument.

The auditor observed the objective screening instrument, examples for residents

interviewed, and additional examples for the 12 month audit period. Additionally, the PREA Coordinator provided a statement that states the screening instrument is currently being reviewed and studied by the agency and the Moss Group (5/09/2223).

115.341 (c)

OJJ PREA Manual (pages 19-20) 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, physical, or developmental disabilities;
9. Youth's own perception of vulnerability; and
10. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The agency updated the screening tool to include level of cognitive development (7/2022). Additionally, the agency is currently working toward developing a new screening tool, inclusive of all screening criteria, with the assistance of the Moss Group (5/23/2023).

115.341 (d)

OJJ PREA Manual (page 20) The information shall be ascertained through conversations with the youth during the direct admission process; medical and mental health screenings; classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files.

The interview with the Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with the residents using the Intake & Quarterly Staffing Screening and Housing Assessment. Other records are referred to when available.

115.341 (e)

OJJ PREA Manual (page 20) Each facility through procedures established in its Standard Operating Procedures (SOPs) shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the youth's detriment by staff or other youths.

The auditor observed the files are maintained securely in mental health staff offices. The PREA Coordinator, PREA Compliance Manager and Staff Responsible for Risk

	<p>Screening confirmed the agency has outlined who can have access to a resident’s risk assessment within the facility, in order to protect sensitive information from exploitation.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness. Corrective action is complete.</p> <p>115.341 (a) OJJ policy requires that a resident’s risk level be reassessed at 30 days, followed by 6-month reviews. The facility provided five 30-day reassessments and five 6-month reassessments (11/12/2023 and 1/22/2024). The auditor observed the reassessments demonstrate compliance with the standard provision requirement.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. YS Policy B.2.20 Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth 3. OJJ PREA Manual, Fifth Edition 2023 4. Intake & Quarterly Staffing Screening and Housing Assessment 5. SCYM Pre-Audit Questionnaire <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Statement Regarding Using Risk Screening Information to Inform Housing, Bed, Program, Education, and Work Assignments – 9/21/2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Interim Facility Director) 2. PREA Coordinator 3. PREA Compliance Manager 4. Staff Responsible for Risk Screening 5. Staff who Supervise Residents in Isolation 6. Medical Staff 7. Mental Health Staff 8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none 9. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents <p>Site Review Observations:</p>

Observations during on-site review of physical plant

Findings (By Provision):

115.342 (a)

PAQ: The agency/facility 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.

OJJ PREA Manual (pages 21-22) Facility Directors and Contract providers shall use all information initially obtained in and subsequently obtained to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse. Youth shall be reevaluated by their assigned Case Manager during the “Monthly Assessment of IIP Progress” pursuant to YS Policy No. B.2.2, to determine if the housing area assignment continues to meet their needs.

The PREA Compliance Manager confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments. She stated the facility uses the information from the risk assessment and meets as a team to determine the best placement for the youth to keep them safe from sexual abuse and sexual harassment.

The auditor observed the risk assessment creates a score for sexual vulnerability and/or abusiveness. The auditor requested the agency to provide documented evidence of how the information from the risk screening is used to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The agency provided a written explanation (9/21/2023). The agency uses the Structured Assessment of Violence Risk in Youth (SAVRY) to document these decisions. The assessment is maintained in the residents’ files and follows the residents through intake and all programming.

115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large- muscle exercise.

In the past 12 months:

- The number of residents at risk of sexual victimization who were placed in isolation: 0
- The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0
- The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

OJJ PREA Manual (page 22) Youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep all youth safe, and then only until an alternative means of keeping all youth safe can be arranged, pursuant to YS Policy No.

B.2.8.

During any period of isolation youth shall not be denied daily large-muscle exercise and any legally required educational programming or special education services. Youth shall receive daily visits from a medical or mental health care clinician. Youth shall also have access to other programs and work opportunities to the extent possible.

The Interim Facility Director confirmed SCYM has not used isolation for residents at risk of sexual victimization.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

OJJ PREA Manual (page 22) LGBTIQ youth shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall LGBTIQ identification or status be considered as an indicator of likelihood of being sexually abusive.

The PREA Coordinator and PREA Compliance Manager both confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

Site review: No residents identified as gay, bisexual, transgender, or intersex. The auditor observed the housing units. There was no particular housing, bed, or other assignments of lesbian, gay, bisexual, transgender, or intersex residents solely on the basis of such identification or status.

115.342 (d)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

OJJ PREA Manual (page 22) When assigning a transgender or intersex youth to a facility for male or female youth, and in making other housing and programming assignments, the Agency shall consider on a case-by-case basis whether a placement would ensure the youth's health and safety, and whether the placement would present management or security problems.

The PREA Compliance Manager confirmed housing and programming assignments for transgender male, transgender female, or intersex residents are made 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 identified as transgender or intersex during the onsite phase of the audit.

115.342 (e)

PAQ: 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.

OJJ PREA Manual (page 22) Placement and programming assignments for each transgender or intersex youth shall be reassessed at least twice each year to review any threats to safety experienced by the youth.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

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

OJJ PREA Manual (page 22) A transgender or intersex youth's views with respect to his/her safety shall be given serious consideration.

The PREA Compliance Manger confirmed the agency considers whether placement will ensure a resident's health and safety and the intake staff responsible for risk screening confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

115.342 (g)

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

OJJ PREA Manual (page 22) Transgender and intersex youth shall be given the opportunity to shower separately from other youth.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

No residents identified as transgender or intersex during the onsite phase of the audit.

Site Review: The auditor observed all residents shower individually in the privacy of a bathroom with a door. Cypress dorm had a shower with a shower curtain that didn't provide enough coverage. The building is now being renovated.

115.342 (h)

PAQ: From a review of case files of residents at risk of sexual victimization who were

	<p>held in isolation in the past 12 months, the number of case files that include BOTH:</p> <ul style="list-style-type: none"> • A statement of the basis for facility’s concern for the resident’s safety, and • The reason or reasons why alternative means of separation cannot be arranged: <p>N/A</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months.</p> <p>115.342 (i) PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. SCYM has not used isolation for this purpose of residents at risk of sexual victimization.</p> <p>Conclusion and Corrective Action: 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. Corrective action is complete.</p> <p>115.342 (a) The auditor requested the agency to provide documented evidence of how the information from the risk screening is used to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The agency provided a written explanation (9/21/2023).</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. YS Policy B.5.3 Administrative Remedy Procedure 3. OJJ PREA Manual, Fifth Edition 2023 4. MOU: The WellSpring Alliance for Families 5. Administrative Remedy Procedure (ARP) Form 6. “No Means No” Poster 7. SCYM Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Pictures of Corrected and Posted Signage (7/7/2023) 2. Statement: Telephones Programmed for Calls to Investigative Services and the

Family Liaison (10/4/2023)

3. Statement: Telephones Programmed for Calls to The Wellspring Alliance for Families (10/4/2023)

4. Statement: The Wellspring Alliance for Families Accepts Reports of Sexual Abuse and Sexual Harassment (9/19/2023)

Interviews:

1. PREA Compliance Manager
2. Random Sample of Staff
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or 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.

OJJ PREA Manual (page 23) There shall be multiple internal methods provided for youth to privately report sexual abuse and sexual harassment, retaliation by other youths or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number, telling staff, or writing a grievance. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

The auditor observed signage was not consistent and contained out-of-date information. Through corrective action, the posters were updated to reflect current information and calling procedures. The facility provided pictures of the corrected signage (7/7/2023). Posters are located throughout the facility, including next to the telephones. The "No Means No" poster provides residents with numerous methods for reporting both internally and externally. Internal methods include: IS hotline, verbally, administrative remedy procedure (ARP), anonymously, or by third party. The posters are in English and Spanish. The posters were in a large font and not obscured by graffiti or damaged.

The auditor tested the internal reporting methods. The auditor successfully tested the grievance system. A response was received the same day. The auditor tested the telephones. The auditor was unable to place a call to Investigative Services.

Through corrective action, the facility provided a statement that the telephones have been programmed to allow for calls to Investigative Services and the family liaison (10/4/2023).

115.351 (b)

PAQ: The agency provides 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. OJJ does not detain youth solely for civil immigration purposes.

OJJ PREA Manual (page 23) Youth shall be provided at least one method to report abuse or harassment to a public or private entity or office that is not part of OJJ and that is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to Agency officials, allowing the youth to remain anonymous upon request.

The PREA Compliance Manager stated residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency.

Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

The auditor observed the “No Means No” poster provides residents with contact information for a public or private entity or office that is not part of the agency, The Wellspring Alliance for Families.

The auditor tested the external reporting method. The auditor was unable to place a call to The Wellspring Alliance for Families using resident telephones. The auditor was able call Wellspring using his personal telephone. Two attempts were answered by two different Wellspring staff. Both attempts were unsuccessful. The Wellspring staff were unaware of their responsibility to accept reports of sexual abuse or sexual harassment.

Through corrective action, the facility provided a statement that the telephones have been programmed to allow for calls to The Wellspring Alliance for Families (10/4/2023).

Through corrective action, the facility provided a statement from The Wellspring Alliance for Families Assistant Director of Professional Services that Wellspring will accept reports of sexual abuse and sexual harassment and report the allegations to the agency (9/19/2023).

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: immediately

OJJ PREA Manual (page 23) Staff shall accept reports made verbally, in writing,

anonymously, and from third parties and shall promptly document any verbal reports.

Staff interviews confirmed reports can be made verbally, in writing, anonymously, and from third parties. Most staff interviewed stated they would document verbal reports immediately. Reports would be made to their direct supervisor and Investigative Services. Residents interviewed acknowledged they could report verbally or in writing. If they wanted to make a report without having to give their name a relative or friend could make the report for them.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or 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.

OJJ PREA Manual (page 23) The facility shall provide youth with access to tools necessary to make a written report.

The PREA Compliance Manager confirmed grievance forms are available. Additionally, she stated youth can report abuse by informing a staff, making a free call to Investigative Services, family members and outside reporting agency.

The auditor observed the availability of writing utensils, grievance forms, and locked grievance boxes. Two residents were identified as having reported sexual abuse. One resident refused to be interviewed and one stated he did not require assistance with reporting.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

OJJ PREA Manual (page 23) Staff shall be able to privately report sexual abuse and sexual harassment of youth by calling the IS Hotline at 1- 800-626-1430, and reporting an allegation directly to IS.

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

Conclusion and Corrective Action:

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. Corrective action is complete.

115.351 (a)

- The posters were updated to reflect current information and calling procedures. The facility provided pictures of the corrected signage (7/7/2023).
- The facility provided a statement that the telephones have been programmed to allow for calls to Investigative Services and the family liaison (10/4/2023).

115.351 (b)

	<ul style="list-style-type: none"> • Through corrective action, the facility provided a statement that the telephones have been programmed to allow for calls to The Wellspring Alliance for Families (10/4/2023). • The facility provided a statement from The Wellspring Alliance for Families Assistant Director of Professional Services that Wellspring will accept reports of sexual abuse and sexual harassment and report the allegations to the agency (9/19/2023).
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115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. YS Policy B.5.3 Administrative Remedy Procedure 3. OJJ PREA Manual, Fifth Edition 2023 4. Administrative Remedy Procedure (ARP) Form 5. Administrative Remedy Procedure (ARP): How to Complain About Your Problem 6. Youth Confirmation of Receipt of PREA Education 7. OJJ Youth Safety Poster: Break the Silence-Make the Call 8. Youth Safety Guide – English & Spanish 9. SCYM Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Pictures of Corrected and Posted Signage (7/7/2023) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents who Reported a Sexual Abuse <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.352 (a)</p> <p>PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>OJJ has administrative procedures to address resident grievances regarding sexual abuse: YS Policy B.5.3 Administrative Remedy Procedure.</p> <p>The auditor reviewed the Administrative Remedy Procedures and verified relevant information is provided. Additionally, the auditor observed grievance forms are available without being requested. Grievances are placed in a locked grievance box</p>

that is checked daily. The auditor successfully tested the grievance system. A response was received the same day.

115.352 (b)

PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

OJJ PREA Manual (page 24) Pursuant to YS Policy No. B.5.3, the Administrative Remedy Procedure (ARP) shall not contain a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse. The Agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. A youth shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The provisions of subparagraphs (1) and (2) do not restrict the Agency's ability to defend against a lawsuit filed by a youth on the ground that the applicable statute of limitations has expired.

The auditor reviewed the Administrative Remedy Procedure and verified relevant information is provided. Residents are given the Administrative Remedy Procedure (ARP): How to Complain About Your Problem Handout explaining the ARP process.

115.352 (c)

PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

OJJ PREA Manual (page 24) The Agency shall ensure that a youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

The auditor reviewed the Administrative Remedy Procedure and verified relevant information is provided. Residents are given the Administrative Remedy Procedure (ARP): How to Complain About Your Problem Handout explaining the ARP process.

115.352 (d)

PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In the past 12 months:

- The number of grievances that were filed that alleged sexual abuse: 0
- The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: N/A
- The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: N/A

OJJ PREA Manual (pages 24-25) The ARP shall require a final Agency decision on the merits of any portion of a grievance alleging sexual abuse be issued within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time used by the youth in preparing any administrative appeal. Pursuant to B.5.3, the ARP may provide for a request for an extension of time by the Facility Director to respond in Step One with the approval of the Deputy Secretary if the normal time period for response is insufficient to make an appropriate decision. The Facility Director shall notify the youth in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the youth does not receive a response within the time allotted for reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level.

115.352 (e)

PAQ: The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

OJJ PREA Manual (page 25) Third parties, including fellow youth, staff members, family members, attorneys, and outside advocates, shall be permitted to assist youth in filing requests for an ARP relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of youths. If a third party, other than a parent or legal guardian, files such a request on behalf of a youth, the ARP may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the ARP. If the youth declines to have the request processed on his or her behalf, the Agency shall document the youth's decision. If an attorney files an ARP on behalf of the youth, a letter of representation shall be required. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

OJJ PREA Manual (page 25) The ARP shall contain procedures for the filing of an emergency grievance alleging that a youth is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a youth is subject to a substantial risk of imminent sexual abuse, the Agency shall require the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) be immediately forwarded to the appropriate Regional Director for immediate corrective action, an initial response within 48 hours, and a final Agency

	<p>decision within five (5) calendar days. The initial response and final Agency decision shall document the Agency’s findings as to whether the youth is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p>115.352 (g) PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0</p> <p>Conclusion and Corrective Action: 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. Corrective action is complete.</p> <p>115.352 (e) Posters were updated to reflect current information and calling procedures. The facility provided pictures of the corrected signage (7/7/2023).</p>
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<p>115.353</p>	<p>Resident access to outside confidential support services and legal representation</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. “No Means No” Poster 3. MOU: The Wellspring Alliance for Families 4. OJJ PREA Manual, Fifth Edition 2023 5. SCYM Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Pictures of Corrected and Posted Signage (7/7/2023) 2. Resident Refresher Training: Outside Support Services (6/29/2023) 3. Statement: Telephones Programmed for Calls to The Wellspring Alliance for Families (10/4/2023) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Interim Facility Director) 2. PREA Compliance Manager

3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.353 (a)

PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

- Giving residents (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.
- Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

OJJ PREA Manual (page 26) Each facility shall provide youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between youths and these organizations and agencies, in as confidential a manner as possible.

The PREA Coordinator confirmed juveniles are not detained solely for civil immigration purposes (9/30/22).

The auditor observed the “No Means No” poster includes contact information for outside victim advocate services for emotional support related to sexual abuse provided The Wellspring Alliance for Families. The auditor observed signage was not consistent and contained out-of-date information.

Through corrective action, the posters were updated to reflect current information and calling procedures. The facility provided pictures of the corrected signage (7/7/2023 or 6/21/2023). Posters are located throughout the facility, including next to the telephones. The “No Means No” poster provides residents with numerous methods for reporting both internally and externally. Internal methods include: IS hotline, verbally, administrative remedy procedure (ARP), anonymously, or by third party. The posters are in English and Spanish. The posters were in a large font and not obscured by graffiti or damaged.

The auditor tested the telephones. The auditor was unable to place a call. Through corrective action, the facility provided a statement that the telephones have been programmed to allow for calls to The Wellspring Alliance for Families (10/4/2023).

Two residents were identified as having reported sexual abuse. One resident refused to be interviewed and one stated the facility did not give him mailing addresses and telephone numbers for any outside services.

115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

OJJ PREA Manual (page 26) The facility shall inform youths, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

One resident was interviewed who reported sexual abuse. He stated he did not communicate with outside services.

The auditor observed the “No Means No” poster includes information about the extent to which such communications will be monitored and related mandatory reporting requirements.

Interviews with residents revealed they were not knowledgeable of how communications will be monitored or associated mandatory reporting laws.

As part of corrective action, the facility provided residents with refresher information about access to outside confidential support services (6/29/2023). Sign-in sheets were provided for verification the training was conducted.

115.353 (c)

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

OJJ PREA Manual (page 26) The Agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide youths with confidential emotional support services related to sexual abuse. The Agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The auditor reviewed the MOU with The 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.

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

OJJ PREA Manual (page 26) The facility shall provide youth with reasonable and confidential access to their attorneys or other legal representative and reasonable

access to parents or legal guardians.

The Interim Facility Director and PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian. One resident was interviewed who reported sexual abuse. He stated he did not ask to talk to a lawyer.

Conclusion and Corrective Action:

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. Corrective action is complete.

115.353 (a)

- The posters were updated to reflect current information and calling procedures. The facility provided pictures of the corrected signage (7/7/2023).
- The facility provided a statement that the telephones have been programmed to allow for calls to The Wellspring Alliance for Families (10/4/2023).

115.353 (b)

The facility provided residents with refresher information about access to outside confidential support services (6/29/2023). Sign-in sheets were provided for verification the training was conducted.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none">1. YS Policy C.2.11 Prison Rape Elimination Act (PREA)2. OJJ PREA Manual, Fifth Edition 20233. Posters4. Test Third-party Report5. Third-party Reporting at https://ojj.la.gov/reporting-a-prea-incident/6. SCYM Pre-Audit Questionnaire <p>Findings:</p> <p>§115.354</p> <p>PAQ: The agency or facility provides a method to receive third-party reports of</p>

	<p>resident sexual abuse or sexual harassment.</p> <p>OJJ PREA Manual (page 26) Third parties shall have the ability to file reports of sexual abuse and sexual harassment. Policies containing information on the methods by which a third party can report sexual abuse and sexual harassment on behalf of a youth shall be available on the Office of Juvenile Justice (OJJ) website at http://www.ojj.la.gov/.</p> <p>The website includes the following instructions, “All reports of sexual abuse or sexual harassment will be investigated and addressed. Youth, employees, and third parties can report incidents of sexual abuse or sexual harassment in verbal or written formats. All parties can file a report with the Office of Juvenile Justice by calling the Investigative Services hotline at 1-800-626-1430. Reporters can remain anonymous or provide contact information in the event more information is needed.”</p> <p>The auditor tested third-party reporting by calling the number provided. The call was responded to the same day. In addition to the published information on the agency website, the auditor observed contact information for third-party reporting is available on posters located throughout the facility. The auditor observed posters in English and Spanish. The posters were in a large font and not obscured by graffiti or damaged.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Interim Facility Director) 2. PREA Compliance Manager 3. Random Sample of Staff 4. Medical and Mental Health Staff

Findings (By Provision):

115.361 (a)

PAQ: The agency requires 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.
- Any retaliation against residents or staff who reported such an incident.
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

OJJ PREA Manual (page 27) All staff shall report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is a part of the Agency pursuant to YS Policy No. C.4.3. Staff receiving reports of sexual assault or sexual harassment shall immediately contact his/her supervisor/manager and in the case of a contract program, the supervising PPO/J. Staff may also use the IS Hotline by calling 1-800-626-1430 to report the incident. Staff shall report retaliation against youth or staff who reported such an incident of sexual abuse or sexual harassment; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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

115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

OJJ PREA Manual (page 28) All staff shall comply with mandatory child abuse reporting laws pursuant to YS Policy No. C.4.3, and Federal and State Law. Failure of staff to report sexual abuse and sexual harassment and/or comply with Mandatory Reporting provisions above shall result in disciplinary action.

Interviews with staff confirmed they are knowledgeable of mandatory child abuse reporting laws. Staff reported they would report to their supervisor.

115.361 (c)

PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff 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.

OJJ PREA Manual (page 27) Except for reporting to supervisors/ Facility Directors /

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

Staff interviewed were knowledgeable that OJJ policy prohibits them 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.

115.361 (d)

OJJ PREA Manual (page 28) Medical and mental health practitioners shall report sexual abuse in accordance with contract provisions and mandatory child abuse reporting laws. Such practitioners shall be required to inform youths at the initiation of services of their duty to report and the limitations of confidentiality.

Interviews with medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are mandated to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. They both stated they have not become aware of such incidents.

115.361 (e)

OJJ PREA Manual (page 28) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. The Facility Director shall also report the allegation to the appropriate juvenile judge, the juvenile's attorney, or other legal representative of record within 14 days of receiving the allegation.

The Interim Facility Director stated when the facility receives an allegation of sexual abuse shift commanders would notify the PREA Compliance Manager, Investigative Services, and the PREA Coordinator. If the victim is under the guardianship of the Louisiana Department of Children and Family Services (DCFS), he stated the Treatment Director would report the allegation to a victim's caseworker instead of the parents or legal guardians. He confirmed if a juvenile court retains jurisdiction over a victim the juvenile's attorney or other legal representative of record would be contacted within 14 days.

The PREA Compliance Manager stated when the facility receives an allegation of sexual abuse, the incident is reported to Investigative Services as well as the PREA Coordinator, PREA Compliance Manager, and Director of Treatment. The Treatment Director will also notify the youth parent or guardian of the alleged abuse. If the victim is under the guardianship of the Louisiana Department of Children and Family Services, she stated the allegation would be reported promptly to the appropriate party. Lastly, she stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record. She stated they would be notified within 14 days.

	<p>115.361 (f) OJJ PREA Manual (page 27) Upon receiving any allegation of sexual abuse or sexual harassment, including third-party and anonymous complaints, the Facility Director/ Regional Manager shall promptly report the allegation to the appropriate Regional Director, PREA Compliance Manager and the Director of IS. If the sexual abuse or sexual harassment occurs in a secure facility, the Facility Director shall also notify the Regional Manager from the youth’s region of origin. The Facility Director shall also notify the assigned Probation and Parole Officer, the alleged victim’s parents, or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. Pursuant to YS Policy No. C.2.6 and facility SOPs, secure care facility staff shall initiate a UOR [refer to YS Policy No. C.2.6 (b)], and notify a facility IS Investigator, or if unavailable a Central Office supervisory investigator. Law enforcement is to be notified as appropriate and in accordance with local procedures.</p> <p>The Facility Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported to investigative services.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (Chief of Operations) 2. Superintendent or Designee (Interim Facility Director) 3. Random Sample of Staff <p>Findings (By Provision): 115.362 (a) PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident</p>

	<p>(i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>OJJ PREA Manual (page 29) Immediate action shall be taken to protect a youth when the Agency learns that a youth is subject to a substantial risk of imminent sexual abuse. Upon receiving staff reports of sexual abuse or sexual harassment, the supervisor/manager or supervising PPO/J shall immediately notify the Facility Director/Regional Manager and initiate action to reduce or eliminate immediate harm to the victim or reporter, and damage to any potential crime scenes and evidence.</p> <p>The Chief of Operations stated immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include housing changes or transfers. The Interim Facility Director stated when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as housing changes or transfers. Staff stated they would take immediate actions such as removing a resident from potential harm.</p> <p>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.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (Chief of Operations) 2. Superintendent or Designee (Facility Director) <p>Findings (By Provision): 115.363 (a) PAQ: The agency has a policy requiring that, upon receiving an allegation that a</p>

resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

OJJ PREA Manual (page 29) Upon receiving an allegation that a youth was sexually abused while confined at another YS secure care facility or another Agency facility, the Facility Director who received the allegation shall notify the Facility Director or appropriate office of the Agency where the alleged abuse occurred and shall also notify the appropriate Regional Director and IS office located on the facility grounds, and Central Office IS where appropriate.

115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

OJJ PREA Manual (page 28) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy states such notification shall be documented.

115.363 (d)

PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

OJJ PREA Manual (page 29) The Facility Director/ IS investigator who receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.

The Chief of Operations confirmed that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility where the alleged abuse occurred would be notified within 72 hours and the allegation would be reported to IS.

The Interim Facility Director confirmed that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director where the alleged abuse occurred would be notified.

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.
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse - none present <p>Findings (By Provision):</p> <p>115.364 (a)</p> <p>PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser.</p> <p>The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 7</p> <p>Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 7</p> <p>In the past 12 months, the number of allegations where staff were notified within a</p>

time period that still allowed for the collection of physical evidence: 7
Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 7

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 7

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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: 7

OJJ PREA Manual (page 30) Upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report shall be required to:

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

Staff interviewed were knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Two residents were identified as having reported sexual abuse. One resident refused to be interviewed and the second resident stated he reported an allegation of sexual harassment. He stated a staff member helped him after one month. He stated he reported by calling the hotline, writing a grievance, and telling staff. He stated he was unsure how much time passed before a staff person came to help him once the staff learned of what happened.

115.364 (b)

PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

- Request that the alleged victim not take any actions that could destroy physical evidence.
- Notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months,

	<p>the number of times a non-security staff member was the first responder: 6 Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 6 Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 1</p> <p>OJJ PREA Manual (page 29) 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.</p> <p>Staff interviewed confirmed they would request that the alleged victim not take any actions that could destroy physical evidence. Interviews revealed staff would not share sensitive information with other staff and residents. They were knowledgeable of their first responder duties.</p> <p>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.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. OJJ PREA Manual, Fifth Edition 2023 2. OJJ PREA Coordinated Response to Sexual Abuse Incidents 3. SCYM Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Facility Director) <p>Findings:</p> <p>115.365 (a)</p> <p>PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>OJJ PREA Manual (page 30) The Agency, in concert with the YS secure care facilities, shall develop a written facility plan referred to as the “OJJ PREA Coordinated Response to Sexual Abuse Incidents” to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health</p>

	<p>practitioners, investigators, and facility leadership.</p> <p>The Facility Director stated the facility would follow OJJ policy, separate youth, preserve the scene, and review the allegation with administrators and investigators. The auditor observed the PREA Coordinated Response to Sexual Abuse Incidents coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. SCYM Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Chief of Operations) <p>Findings (By Provision): 115.366 (a)</p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>OJJ PREA Manual (page 31) No collective bargaining agreement or other agreement can be entered into that would limit the Agency’s ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The Chief of Operations stated OJJ does not have a collective bargaining agreement or any form of employee union that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p>

	<p>115.366 (b) OJJ PREA Manual (page 31) Nothing shall restrict the entering into or renewal of agreements that govern:</p> <ol style="list-style-type: none"> 1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of this policy regarding evidentiary standards for administrative proceeding. 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. <p>The Chief of Operations stated OJJ does not have a collective bargaining agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy A.1.4, Investigative Services 2. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 3. OJJ PREA Manual, Fifth Edition 2023 4. Investigation Reports 5. Protections Against Retaliation Form for Reporters of Sexual Abuse 6. SCYM Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Statement: Retaliation Monitoring (11/15/2023) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (Chief of Operations) 2. Superintendent or Designee (Interim Facility Director) 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - none

5. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.367 (a)

PAQ: The agency has 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.

The agency has designated OJJ Investigators, Dale Jones, Jeremy Keys, and Kerry Sweet, with monitoring for possible retaliation.

OJJ PREA Manual (page 31) Youth and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other youth or staff.

The Social Services Counselor was interviewed as the individual charged with monitoring for retaliation.

115.367 (b)

OJJ PREA Manual (page 31) Multiple protection measures shall be employed, such as housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support services for youth or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Chief of Operations stated the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations through housing changes or transfers. The Interim Facility Director stated different measures taken would include retaliation housing changes or transfers for perpetrators. The Social Services Counselor stated the role she plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations is providing information about sexual abuse or sexual harassment and initiating contact with the PREA Compliance Manager and Administration as needed. The different measures she would take to protect those residents and staff from retaliation include housing changes or transfers for youths and abusers, removal of alleged staff or youth abusers from contact with victims and providing emotional support for residents or staff who fear retaliation. She stated she would initiate contact with residents who have reported sexual abuse.

115.367 (c)

PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

The length of time that the agency and/or facility monitors the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The number of times an incident of retaliation occurred in the past 12 months: 0

OJJ PREA Manual (pages 31-32) For at least 90 days following a report of sexual abuse, the Agency shall monitor the conduct or treatment of youth or staff who reported the sexual abuse, and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff and shall act promptly to remedy any such retaliation. Monitoring by IS shall include:

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

Monitoring shall be documented in the IS case file by completing the Protection Against Retaliation Form for the appropriate staff/youth for each PREA related incident, pursuant to established procedures in YS Policy No. A.1.4, Investigative Services Handbook. The Agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Social Services Counselor stated she looks at sudden changes in interactions with youth and staff, isolation from others, bullying, and changes in shift assignments. She would monitor resident disciplinary reports; housing changes; program changes; negative performance reviews or reassignments of staff; and reassignments of staff. She would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days. If there is concern that potential retaliation might occur, the maximum length of time that she would monitor conduct and treatment would be for as long as needed. The Interim Facility Director stated if retaliation is suspected, investigative services would be notified, and the perpetrator would be removed from the area.

The auditor reviewed 10 administrative investigation reports for allegations of sexual harassment and sexual abuse. There were 5 unsubstantiated allegations of resident-on-resident sexual abuse, 2 unsubstantiated allegations of staff-on-resident sexual abuse, 1 substantiated allegation of resident-on-resident sexual abuse, and 2 unsubstantiated allegations of resident-on-resident sexual harassment. No documented evidence of retaliation monitoring has been made available for the auditor to review. Through corrective action, the OJJ PREA Coordinator provided a statement detailing steps taken to achieve compliance with the standard provision requirements (11/15/2023). A meeting was held with Investigative services investigators and Head of Investigative Services, 8/21/2023. Case Managers will be

charged with documenting retaliation monitoring and will provide the completed Protections Against Retaliation Forms for Reporters of Sexual Abuse to Instigative Services. The facility PREA Compliance Manager will work with the case workers to ensure compliance.

115.367 (d)

OJJ PREA Manual (page 31) Monitoring by IS shall include:

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

115.367 (e)

OJJ PREA Manual (page 32) If any other individual who cooperates with an investigation expresses a fear of retaliation, the Agency shall take appropriate measures to protect that individual against retaliation.

The Chief of Operations stated the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations through housing changes, transfers, and by providing mental health services. The Interim Facility Director stated if an individual who cooperates with an investigation expresses a fear of retaliation different measures taken would include retaliation housing changes or transfers for perpetrators.

115.367 (f)

OJJ PREA Manual (page 32) The Agency's obligation to monitor shall terminate if IS determines that the allegation is unfounded. The auditor reviewed OJJ policy and confirmed the facility follows this standard provision.

Conclusion and Corrective Action:

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. Corrective action is complete.

115.367 (c)

The OJJ PREA Coordinator provided a statement detailing steps taken to achieve compliance with the standard provision requirements (11/15/2023). Case Managers will be charged with documenting retaliation monitoring and will provide the completed Protections Against Retaliation Forms for Reporters of Sexual Abuse to Instigative Services. Additionally, the facility PREA Compliance Manager will work with the case workers to ensure compliance.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. SCYM Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Interim Facility Director) 2. Staff who Supervise Residents in Isolation 3. Medical and mental Health Staff 4. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - none <p>Findings (By Provision):</p> <p>§115.368</p> <p>OJJ PREA Manual (page 31) Any use of segregated housing to protect a youth who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>The Interim Facility Director confirmed the facility has not used segregated housing to protect a youth who is alleged to have suffered sexual abuse. Residents would only be isolated from others 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. Medical and mental health stated the facility does not use isolation.</p> <p>Conclusion:</p> <p>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.</p>

<p>115.371</p>	<p>Criminal and administrative agency investigations</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023

3. YS Policy A.1.4 Investigative Services
4. Investigation Reports
5. Training Records
6. NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting
7. Certificate: PREA Investigator Training for Allegations of Inmate Sexual Abuse
8. SCYM Pre-Audit Questionnaire

Interviews:

1. Superintendent or Designee (Interim Facility Director)
2. PREA Coordinator
3. PREA Compliance Manager
4. Investigative Staff
5. Residents who Reported a Sexual Abuse - none present

Findings (By Provision):

115.371 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

OJJ PREA Manual (pages 32-33) IS conducted investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports pursuant to YS Policy No. A.1.4.

The Investigator confirmed allegations of sexual abuse and sexual harassment are initiated immediately upon notification of an incident. Anonymous or third-party reports of sexual abuse and sexual harassment are conducted in the same manner as all investigations.

The auditor reviewed 10 administrative investigation reports for allegations of sexual harassment and sexual abuse. There were 5 unsubstantiated allegations of resident-on-resident sexual abuse, 2 unsubstantiated allegations of staff-on-resident sexual abuse, 1 substantiated allegation of resident-on-resident sexual abuse, and 2 unsubstantiated allegations of resident-on-resident sexual harassment.

115.371 (b)

OJJ PREA Manual (page 33) Where sexual abuse is alleged, the Agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims.

OJJ PREA Manual (page 16) Investigators shall have received training in conducting sex abuse investigations in confinement settings. Training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, pursuant to YS Policy No. A.1.4. and responsibilities, which include the right to be free from abuse and neglect.

The auditor reviewed annual training required by §115.331 and NIC certificate for

PREA: Investigating Sexual Abuse in a Confinement Setting. Additionally, the auditor reviewed a certificate of completion for PREA Investigator Training for Allegations of Inmate Sexual Abuse presented by the Legal and Liability Risk Management Institute, April 12, 2023. The training was completed by the OJJ investigator. An interview with the Investigator confirmed he has received the required training.

115.371 (c)

OJJ PREA Manual (page 33) 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 Investigator confirmed the first steps in initiating an investigation are to get medical treatment for the victim, have victim and perpetrator separated, have scene protected, collect any direct evidence, download and save video, and collect written reports. These steps would occur within a few hours. The investigation process includes preserving evidence on victim and perpetrator's person's, getting written reports, reviewing reports, reviewing video evidence, interviewing the victim, identifying and interviewing any witnesses, interviewing the perpetrator, and comparing interviews with evidence and reports. Direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse includes any written reports, video evidence, pictures of the scene, medical reports, interviews, and allegation history.

The auditor reviewed 10 administrative investigation reports for allegations of sexual harassment and sexual abuse. The reports were inclusive of direct and circumstantial evidence gathered and preserved.

115.371 (d)

PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

OJJ PREA Manual (page 33) The Agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The Investigator confirmed an investigation would not be terminated solely because the source of the allegation recants the allegation.

115.371 (e)

OJJ PREA Manual (page 33) When the quality of evidence appears to support criminal prosecution, the Agency shall conduct compelled interviews, only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution as appropriate.

The Investigator confirmed investigators do not compel interviews if there is a prosecutable crime involved.

115.371 (f)

OJJ PREA Manual (page 33) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as youth or staff. A youth who alleges sexual abuse shall not be compelled to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The Investigator confirmed that under no circumstances would an investigator require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g)

OJJ PREA Manual (page 33) Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Investigator confirmed staff actions or failures to act that contributed to sexual abuse are considered in investigations. Administrative investigations are documented in written reports that include all information pertinent to the investigation.

115.371 (h)

OJJ PREA Manual (pages 33-34) 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 Investigator confirmed investigations are documented. The reports include all pertinent information.

115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

OJJ PREA Manual (page 34) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The Investigator confirmed substantiated allegations of conduct that appears to be criminal are referred for prosecution when supported by the evidence.

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

OJJ PREA Manual (page 34) the Agency shall retain all written reports referenced in

	<p>subparagraphs 8 and 9 of this section for as long as the alleged abuser is incarcerated or employed by the Agency, plus five (5) years, unless the abuse was committed by a youth and applicable law requires a shorter period of retention.</p> <p>The auditor reviewed 10 administrative investigation reports for allegations of sexual harassment and sexual abuse.</p> <p>115.371 (k) OJJ PREA Manual (page 34) 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.</p> <p>The Investigator confirmed investigators continue to conduct investigations when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.</p> <p>115.371 (m) OJJ PREA Manual (page 34) When local law enforcement investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>The Investigator, Interim Facility Director, PREA Coordinator, and PREA Compliance Manager confirmed SCYM would cooperate with outside investigators and would remain informed about the progress of the investigation.</p> <p>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.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. SCYM Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>Findings (By Provision): 115.372 (a)</p>

	<p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>OJJ PREA Manual (page 34) In determining whether allegations of sexual abuse or sexual harassment are substantiated, IS shall not use a standard higher than a preponderance of the evidence.</p> <p>The Investigator confirmed a preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment.</p> <p>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.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Provision of Information to Youth/Sexual Abuse Form 4. Investigation Outcome Notifications (Youth) 5. Memo: Verbal Notifications 6. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Interim Facility Director) 2. Investigative Staff 3. Residents who Reported a Sexual Abuse - none present <p>Findings (By Provision):</p> <p>115.373 (a)</p> <p>PAQ: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>In the past 12 months: The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 9 (The PAQ entry of 0 is</p>

incorrect.)

Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 9 (The PAQ entry of 1 is incorrect.)

OJJ PREA Manual (page 34) Following an investigation into a youth's allegation of sexual abuse in a secure facility, IS shall inform the youth as to whether the allegation has been substantiated, unsubstantiated or unfounded. IS shall generate a "Youth Letter" through the Central Registry Database and distribute the letter to the appropriate Program Manager of the youth's assigned facility. The Program Manager or designee shall ensure that the youth receives a copy of the "Youth Letter" and that a copy of the letter with the youth's signature is placed in the youth's file. The assigned investigator shall place a copy of the "Youth Letter" in the investigative case file, along with receipts that this distribution took place.

The Interim Facility Director stated the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Investigator confirmed when a resident makes an allegation of sexual abuse, the resident will be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The auditor observed the Provision of Information to Youth/Sexual Abuse Form is inclusive of the standard provision requirements. The Investigation Outcome Notifications (Youth) was completed for the 9 investigations. The notification indicates whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. However, the notification does not indicate residents are informed of the outcome. For clarity, the PREA Coordinator provided a memorandum stating residents were verbally notified of investigative findings, unless they were released from agency custody prior to completion of an investigation (June 20, 2023).

115.373 (b)

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0
- Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A

OJJ PREA Manual (page 35) If the Agency did not conduct the investigation, it shall request the relevant information from the investigative Agency in order to inform the youth.

115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit; The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has been 1 unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

OJJ PREA Manual (page 35) Following a youth's allegation that a staff member has sexually abused the youth, IS shall inform the youth (except where IS has found the allegation to be unfounded) whenever:

1. The staff member is no longer posted within the youth'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
4. The Agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor observed the Provision of Information to Youth/Sexual Abuse Form is inclusive of the standard provision requirements. The Investigation Outcome Notifications (Youth) was completed for the investigation. However, the notification does not indicate the resident was informed of the outcome. For clarity, the PREA Coordinator provided a memorandum stating residents were verbally notified of investigative findings, unless they were released from agency custody prior to completion of an investigation (June 20, 2023).

115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

OJJ PREA Manual (page 35) Following a youth's allegation that he or she has been sexually abused by another youth, IS shall inform the alleged victim whenever:

- The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this

	<p>standard are documented.</p> <p>In the past 12 months:</p> <ul style="list-style-type: none"> • The number of notifications to residents that were made pursuant to this standard: 0 • The number of those notifications that were documented: N/A <p>OJJ PREA Manual (page 35) All such notifications or attempted notifications shall be documented.</p> <p>The auditor observed the Provision of Information to Youth/Sexual Abuse Form is inclusive of the standard provision requirements. The Investigation Outcome Notifications (Youth) was completed for the 8 investigations. However, the notification does not indicate residents are informed of the outcome. For clarity, the PREA Coordinator provided a memorandum stating residents were verbally notified of investigative findings, unless they were released from agency custody prior to completion of an investigation (June 20, 2023).</p> <p>Conclusion:</p> <p>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.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. SCYM Pre-Audit Questionnaire <p>Findings (by provision):</p> <p>115.376 (a)</p> <p>PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>OJJ PREA Manual (page 37) Staff shall be subject to disciplinary sanctions up to and including termination for violating Agency sexual abuse or sexual harassment policies pursuant to YS Policy No. A.2.1.</p> <p>115.376 (b)</p> <p>In the past 12 months:</p> <ul style="list-style-type: none"> • The number of staff from the facility that have violated agency sexual abuse or

sexual harassment policies: 0

- The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

OJJ PREA Manual (page 37) Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

115.376 (c)

PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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 past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

OJJ PREA Manual (pages 37-38) 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.

115.376 (d)

PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

OJJ PREA Manual (page 38) All terminations for violations of Agency sexual abuse or sexual harassment policies, or resignations by staff who resigned to avoid termination in accordance with Civil Service Rules, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. YS Policy C.2.11 Prison Rape Elimination Act (PREA)
2. OJJ PREA Manual, Fifth Edition 2023
3. SCYM Pre-Audit Questionnaire

Interview:

1. Superintendent or Designee (Interim Facility Director)

Findings (by provision):

115.377 (a)

PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

OJJ PREA Manual (page 38) Any contractor or volunteer who engages in sexual abuse at a minimum shall be prohibited from contact with youths and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

115.377 (b)

PAQ: The facility takes appropriate remedial measures and considers 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.

OJJ PREA Manual (page 38) The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with youths, in the case of any other violation of Agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The Interim Facility Director stated in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer the facility takes remedial measures and prohibits further contact with residents and informs central office personnel.

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.

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1289 412">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 427 472 461">Documents:</p> <ol data-bbox="280 468 1043 584" style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. SCYM Pre-Audit Questionnaire <p data-bbox="280 622 461 656">Interviews:</p> <ol data-bbox="280 663 1075 734" style="list-style-type: none"> 1. Superintendent or Designee (Interim Facility Director) 2. Mental Health Staff <p data-bbox="280 779 660 813">Findings (by provision):</p> <p data-bbox="280 819 464 853">115.378 (a)</p> <p data-bbox="280 860 1474 1061">PAQ: Residents are 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. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="280 1099 603 1133">In the past 12 months:</p> <ul data-bbox="280 1140 1474 1301" style="list-style-type: none"> • The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 1 (The PAQ entry of 0 is incorrect.) • The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 <p data-bbox="280 1339 1458 1496">OJJ PREA Manual (page 38) Pursuant to YS Policy No. B.5.1, a youth may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the youth engaged in youth-on-youth sexual abuse, or following a criminal finding of guilt for youth-on-youth sexual abuse.</p> <p data-bbox="280 1534 464 1568">115.378 (b)</p> <p data-bbox="280 1574 1474 1944">PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="280 1982 603 2016">In the past 12 months:</p> <ul data-bbox="280 2022 1474 2056" style="list-style-type: none"> • The number of residents placed in isolation as a disciplinary sanction for resident-

on resident sexual abuse: 0

- The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
- The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A

OJJ PREA Manual (pages 38-39) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories.

In the event a disciplinary sanction results in the placement of a youth in the Behavior Intervention (BI) Unit, the youth shall not be denied daily large-muscle exercise or access to any legally required educational programming or special education services. Youth in BI shall receive daily visits from a medical or mental health care clinician. Youths shall also have access to other programs and work opportunities to the extent possible. BI paperwork must be completed as per YS Policy B.2.21.

115.378 (c)

OJJ PREA Manual (page 39) The disciplinary process shall consider whether a youth's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Interim Facility Director stated mental disability or mental illness is considered when determining sanctions.

115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

OJJ PREA Manual (page 39) The facility shall consider whether to offer the offending youth participation in such therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Participation in such interventions may be required as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

The mental health staff confirmed the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse to an offending resident. A resident's participation is

	<p>not a condition of access to any rewards-based behavior management system or programming or education.</p> <p>115.378 (e) PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p>OJJ PREA Manual (page 39) The Agency may discipline a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>115.378 (f) PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>OJJ PREA Manual (page 39) 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.</p> <p>115.378 (g) PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>OJJ PREA Manual (page 39) All sexual activity between youths is prohibited. The Agency may, at its discretion, discipline youths for such activity. However, such activity shall not be deemed to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>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.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA)

2. OJJ PREA Manual, Fifth Edition 2023
3. SCYM Pre-Audit Questionnaire

Interviews:

1. Staff Responsible for Risk Screening
2. Medical Staff
3. Mental Health Staff
4. Residents who Disclose Sexual Victimization at Risk Screening

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 0

OJJ PREA Manual (page 39) If the screening indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the direct admission screening. The youth would be seen immediately by the appropriate medical/mental health staff.

The Staff Responsible for Risk Screening confirmed if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/ and or mental health practitioner within 14 days.

No residents were identified who disclosed prior sexual victimization during a screening.

115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the number of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a

mental health practitioner: 0

OJJ PREA Manual (pages 39-40) If the screening indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the direct admission screening.

The Staff Responsible for Risk Screening confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/ and or mental health practitioner within 14 days. The youth will be seen immediately by the appropriate mental health staff.

115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

OJJ PREA Manual (page 40) 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.

Interviews with medical and mental health staff confirmed the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments. The auditor observed that information is securely retained by medical and mental health staff in locked file cabinets.

115.381 (d)

PAQ: 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.

OJJ PREA Manual (page 40) Medical and mental health practitioners shall obtain an informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting unless the youth is under the age of 18.

The medical staff confirmed she obtains informed consent from residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting for residents 18 and older. The mental health staff stated informed consent is not required due to mandatory reporting responsibilities.

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.

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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. MOU: The Wellspring Alliance for Families 4. Memo: Coroner’s Office SANE Services 5. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health Staff 3. Residents who Reported a Sexual Abuse 4. Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.382 (a)</p> <p>PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>OJJ PREA Manual (page 40) Youth who are victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Pursuant to LSA R.S. 13:5713 F as amended by Act 229 of the 2015 Louisiana Legislature, the coroner or his designee shall examine all alleged victims of a sexually-oriented criminal offense. The coroner may select the hospital or</p>

healthcare provider named as the lead entity for sexual assault examinations in the regional plan required by R.S.40:1216.1 as his designee to perform the forensic medical examination.

The Medical and Mental Health Staff stated resident victims of sexual abuse receive unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services would be determined according to their professional judgment and policy. Two residents were identified as having reported sexual abuse. One resident refused to be interviewed and the second resident stated he reported an allegation of sexual harassment. The auditor reviewed the investigation report and discovered the allegation reported was sexual abuse. The investigation report indicates the resident was examined by medical staff and assessed by mental health staff.

115.382 (b)

OJJ PREA Manual (page 40) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to Section VIII above and shall immediately notify the appropriate medical and mental health practitioners.

Staff first responders indicated they would notify medical staff.

115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

OJJ PREA Manual (page 40) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health staff confirmed the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments. The auditor observed that information is securely retained by medical and mental health staff in locked file cabinets. Two residents were identified as having reported sexual abuse. One resident refused to be interviewed and the second resident stated he reported an allegation of sexual harassment. The auditor reviewed the investigation report and discovered the allegation reported was sexual abuse. The investigation report indicates the resident was examined by medical staff and assessed by mental health staff.

115.382 (d)

PAQ: Treatment services are 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.

	<p>OJJ PREA Manual (page 40) 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.</p> <p>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.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Louisiana law, Act No. 229 4. MOU: The Wellspring Alliance for Families 5. Memo: Coroner’s Office SANE Services 6. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health Staff 3. Residents who Reported a Sexual Abuse <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (by provision): 115.383 (a) PAQ: The facility offers 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.</p> <p>OJJ PREA Manual (page 41) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse regardless of where it occurred (any prison, jail, lockup, or juvenile facility).</p> <p>The auditor observed medical facilities during the site review and the mental health staff reported that behavioral health care would be offered at the facility.</p>

115.383 (b)

OJJ PREA Manual (page 41) 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 medical and mental health staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical services. The mental health staff interviewed stated evaluation and treatment of residents who have been victimized would include a SART assessment and trauma therapy.

Two residents were identified as having reported sexual abuse. One resident refused to be interviewed and the second resident stated he reported an allegation of sexual harassment. The auditor reviewed the investigation report and discovered the allegation reported was sexual abuse. The investigation report indicates the resident was examined by medical staff and assessed by mental health staff.

115.383 (c)

OJJ PREA Manual (page 41) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

The medical and mental health providers stated medical and mental health services are consistent with the community level of care.

115.383 (d)

SCYM is an all-male facility.

115.383 (e)

SCYM is an all-male facility.

115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

OJJ PREA Manual (page 41) Youth victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The nurse confirmed victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

115.383 (g)

PAQ: Treatment services are 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.

OJJ PREA Manual (page 41) 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.

	<p>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.</p> <p>115.383 (h) PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>OJJ PREA Manual (page 41) The facility shall attempt to conduct a mental health evaluation of all known youth-on-youth abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The mental health staff confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted immediately.</p> <p>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.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Sexual Abuse Critical Incident Reviews 4. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Incident Review Team <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (by provision): 115.386 (a) PAQ: The facility conducts a sexual abuse incident review at the conclusion of every</p>

sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 9

OJJ PREA Manual (page 42) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded pursuant to YS Policy No. A.1.4.

The auditor observed the agency uses a Sexual Abuse Critical Incident Review Form for documenting reviews.

115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 8

OJJ PREA Manual (page 42) Such review shall occur within 30 days of the conclusion of the investigation.

The auditor reviewed 8 sexual abuse incident reviews. Seven of the 8 meetings were held within 30 days of the conclusion of the sexual abuse investigation. The eighth review was held 34 days after the conclusion of the sexual abuse investigation.

115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

OJJ PREA Manual (page 40) The review team shall include appropriate Regional Director, PREA Compliance Manager, and upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Facility Director confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. He stated the facility uses the information to identify needed policy changes, eliminate physical barriers, and determine if changes in staffing are required.

The auditor reviewed 8 sexual abuse incident reviews and observed the meetings were attended by upper-level management officials, supervisors, investigators, and medical and mental health practitioners.

115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Compliance Manager.

OJJ PREA Manual (page 42) The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTIQ identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f. IS shall prepare the Sexual Abuse Critical Incident Review Form, including but not necessarily limited to determinations made pursuant to subparagraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement. IS shall complete Sections A and B of the Incident Review Form and submit the completed form to the Facility Director, PREA Compliance Manager, and PREA Coordinator within 24 hours of the incident review

The PREA Compliance Manger reported she is a part of the sexual abuse incident review team. The Facility Director confirmed the team considers 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 was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The auditor reviewed 8 sexual abuse incident reviews and observed the Sexual Abuse Critical Incident Review Form is inclusive of the standard provision requirements.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

OJJ PREA Manual (page 42) the Facility Director and PREA Compliance Manager shall review the recommendations in the Sexual Abuse Critical Incident Review Form within 10 days of the incident review. The facility shall implement any recommendations for improvement or shall document its reasons for not doing so in Section C of the Sexual Abuse Critical Incident Review Form. After reviewing the

	<p>recommendations and making the appropriate notations in Section C, the Facility Director or designee and PREA Compliance Manager must sign the form and the PREA Compliance Manager must then forward the completed form to the PREA Coordinator and maintain a copy at the facility.</p> <p>The auditor observed the Sexual Abuse Critical Incident Review Form is inclusive of the standard provision requirements.</p> <p>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.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Survey of Sexual Victimization Substantiated Incident Form (Juvenile) 4. Annual Reports (2015-2022) 5. Investigative Files 6. SCYM Pre-Audit Questionnaire <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, 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.</p> <p>OJJ PREA Manual (page 43) 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.</p> <p>115.387 (b) PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p>

OJJ PREA Manual (page 43) The Agency shall aggregate the incident-based sexual abuse data at least annually.

The auditor reviewed the aggregated data from 2015 - 2022.

115.387 (c)

PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

OJJ PREA Manual (page 43) The incident-based data collected shall include the data necessary to answer all questions from the most recent version of the "Survey of Sexual Violence" conducted by the U.S. DOJ.

The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

OJJ PREA Manual (page 43) The Agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The auditor reviewed investigation files for verification the agency maintains data.

115.387 (e)

PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.

OJJ PREA Manual (page 43) The Agency shall collect data which can be utilized to reduce the risk of sexual abuse and sexual harassment occurring within its secure care and contract facilities.

The auditor observed the OJJ Annual PREA Report includes incident-based and aggregated data from the private facilities with which it contracts for the confinement of its residents.

115.387 (f) N/A

PAQ: The agency was not requested to provide the Department of Justice (DOJ) with data from the previous calendar year.

OJJ PREA Manual (page 43) Upon request, all such data from the previous calendar year shall be provided to the U.S. DOJ no later than June 30th.

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.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Annual Reports (2015-2021) 4. SCYM Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (Chief of Operations) 2. PREA Coordinator 3. PREA Compliance Manager <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.388 (a)</p> <p>PAQ: The agency 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, including:</p> <ul style="list-style-type: none"> • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p>OJJ PREA Manual (pages 44-45) The Agency shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the Agency as a whole.</p> <p>Annual reports are published on the agency’s website at: https://ojj.la.gov/policies-systems/federal-laws/prea/ojj-prea-resources/reports/. Reports are published for 2015 through 2022. The reports are inclusive of annual data comparisons corrective actions.</p> <p>The Chief of Operations, PREA Coordinator, and PREA Compliance Manager</p>

confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The Sexual abuse data is examined regularly to identify possible problem areas within the facilities or within the agency as a whole. An annual PREA report is generated, which reports incidents at both residential and secure facilities and compares them to previous years.

The Chief of Operations stated Unusual Occurrence Reports and other documentation is reviewed daily in the shift packets. As problem areas are identified, corrective action is taken. Policy revisions are completed, and training is updated.

The PREA Coordinator stated during monthly meetings held with the heads of each department, the Facility Director and PREA Compliance Manager discuss prevention, detection, response, any additional training, and areas of noncompliance. All data collected is placed in locked file cabinets and/or in the Investigative Services Data Base and PREA Database. Any request by outside sources for information must be made through the OJJ legal department and identifying information redacted prior to release. Corrective action is taken on an ongoing basis based on the data. The agency prepares an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The PREA Compliance Manager stated data collected shall assist in identifying problem areas, ways to improve the effectiveness of sexual abuse prevention, detection and response policy and training.

115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

OJJ PREA Manual (page 45) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Agency's progress in addressing sexual abuse.

The auditor reviewed the annual reports and determined they are inclusive of the standard provision. Tables and charts easily show the reader a comparison of the current year's data and corrective actions to those from prior years.

115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

OJJ PREA Manual (page 45) The Agency's report shall be approved by the Deputy Secretary and made readily available to the public through the Office of Juvenile Justice (OJJ) website at <http://www.ojj.la.gov/>.

The auditor observed the published annual reports at: <https://ojj.la.gov/policies-systems/federal-laws/prea/ojj-prea-resourc>

	<p>esreports/.</p> <p>The reports were approved by the Louisiana Office of Juvenile Justice Deputy Secretary.</p> <p>115.388 (d) PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p>OJJ PREA Manual (page 45) 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.</p> <p>The auditor reviewed the annual reports and observed no identifying information. The reports indicate the nature of material redacted.</p> <p>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.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Fifth Edition 2023 3. Annual Reports (2015-2022) 4. OJJ Website 5. SCYM Pre-Audit Questionnaire <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (by provision): 115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained. OJJ PREA Manual (page 45) The Agency shall ensure that data collected are securely retained.</p> <p>The PREA Coordinator confirmed the agency reviews data collected and aggregated</p>

in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained. The auditor observed the files are retained electronically with Investigative Services (IS).

115.389 (b)

PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

OJJ PREA Manual (page 45) After removal of personal identifiers, the Agency shall make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its OJJ website.

Reports are published for 2015 through 2022. The auditor reviewed published reports on the agency website.

115.389 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

OJJ PREA Manual (page 45) After removal of personal identifiers, the Agency shall make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its OJJ website.

The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.

115.389 (d)

PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

OJJ PREA Manual (page 45) The Agency shall maintain sexual abuse data collected pursuant to Section XIII.B of this Section for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The auditor reviewed historical sexual abuse data from 2015 through 2022.

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.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination: SCYM Pre-Audit Questionnaire Interviews Research Policy Review Document Review Observations during onsite review of facility</p> <p>Findings: During the three-year period starting on August 20, 2013, and the current audit cycle, the Louisiana Office of Juvenile Justice ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.</p> <p>The auditor was given access to, and the ability to observe, all areas of the Swanson Center for Youth at Monroe. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The 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 confidential information or correspondence was received.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

<p>115.403</p>	<p>Audit contents and findings</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination: SCYM Pre-Audit Questionnaire (PAQ) Policy Review Documentation Review Interviews Observations during onsite review of facility</p>

Findings: All Louisiana OJJ PREA Audit Reports are published on the agency's website at: <https://ojj.la.gov/policies-systems/federal-laws/prea/ojj-prea-resourcesreports/>

Conclusion:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(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
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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