

PREA Facility Audit Report: Final

Name of Facility: Restoration Crisis Center Therapeutic Home (RCCTH)

Facility Type: Juvenile

Date Interim Report Submitted: 07/08/2024

Date Final Report Submitted: 09/27/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Jerome K Williams	Date of Signature: 09/27/2024

AUDITOR INFORMATION	
Auditor name:	Williams, Jerome
Email:	wjerome27@yahoo.com
Start Date of On-Site Audit:	05/22/2024
End Date of On-Site Audit:	05/24/2024

FACILITY INFORMATION	
Facility name:	Restoration Crisis Center Therapeutic Home (RCCTH)
Facility physical address:	6808 Jefferson Paige Road, Shreveport, Louisiana - 71119
Facility mailing address:	

Primary Contact

Name:	Pamela Turner
Email Address:	rccthprea@gmail.com
Telephone Number:	318-525-9000

Superintendent/Director/Administrator	
Name:	Brenda Ashley
Email Address:	rccthdirector@gmail.com
Telephone Number:	318-525-9000

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	16
Current population of facility:	6
Average daily population for the past 12 months:	6
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	10-21
Facility security levels/resident custody levels:	non-secure
Number of staff currently employed at the facility who may have contact with	11

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
---------------------------	--

Name of agency:	Restoration Crisis Center Therapeutic Home (RCCTH), LLC.
Governing authority or parent agency (if applicable):	
Physical Address:	6808 Jefferson Paige Road, Shreveport, Louisiana - 71119
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
--	--

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
---	--	--	--

Name:	Pamela Turner	Email Address:	rccthprea@gmail.com
--------------	---------------	-----------------------	---------------------

Facility AUDIT FINDINGS	
--------------------------------	--

Summary of Audit Findings	
----------------------------------	--

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

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

Number of standards exceeded:

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:	2024-05-22
2. End date of the onsite portion of the audit:	2024-05-24

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:	This auditor did conduct outreach to the local victim advocacy center named Project Celebration, of which a Memorandum of Agreement has been entered between them and RCCTH. The hotline representative indicated to this auditor that they have not received a call from a RCCTH resident requesting victim advocacy services in the last 12 months due to a sexual abuse or sexual harassment allegation. A review of the residents files confirmed this assertion.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	6
16. Number of inmate/resident/detainee housing units:	6

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
--	---

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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>7</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<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>0</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>1</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>As of the first day of the audit, the characteristics of this facility is that it is an all female juvenile group home. The population consisted of youths who were placed in this therapeutic group home facility by the Department of Children and Family Services (DFCS) and by the Louisiana Office of Juvenile Justice. There were no issues with identifying certain population required for interviewing.</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	11
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
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>The facility currently does employ a contractor to provide interpreting services but in the last 12 months the Interpreter contractor indicated that her services have not been rendered because there was no need of an interpreter. The facility has not admitted a resident in need of translation or interpreting services in the last 12 months. The facility has not had any volunteers providing services to the residents in the last 12 months. The population characteristic of the staff was female, between the ages of 21 to 68, new hires; tenured and part time staff, and represented 1 of the 5 ethnic groups. There was 1 male staff member who was the maintenance man but he has no contact with the residents and is only in the presence under supervision when he is performing needful maintenance work throughout the facility.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

7

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

Based on the population census provided during the pre-audit phase, this auditor selected all of the residents that comprised of different ages, housing assignment, programming, and gender (all females). The majority of the youth admitted were from the Department of Children and Family Services(DFPS) and the remaining youth admitted were from the Louisiana Office of Juvenile Justice (LOJJ).

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- No

<p>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</p>	<p>This facility only had 7 residents that had been admitted during the onsite phase of this audit. As noted earlier, this facility only averaged 6 residents in the facility over a 12 month period which prevent this auditor from interviewing the required number according to the Juvenile PREA Standards.</p>
<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):</p>	<p>The process utilized to select random residents from the population census listing for interviewing during the pre-audit phase was that every odd numbered resident on the census listing was selected for interviewing. When one resident selected was not available during the onsite visit (e.g., released) then an even number resident was randomly selected for the interview by this auditor. But since there were only 7 residents in the facility at the time of the onsite audit, this auditor interviewed all of the residents present. The auditor encountered no barriers ad there was no need to oversample the population.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>0</p>
<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>	
<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:</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from the interviews with the staff and residents that there were no residents with a physical disability in their population currently or in the last 12 months Therefore, no targeted interview protocols were utilized.</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>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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents with a cognitive or functional disability in their population currently or in the last 12 months. Therefore, no targeted interview protocol. were utilized.</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents that was Blind or have low vision in their population currently or in the last 12 months. Therefore, no targeted interview protocols were utilized.</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents Deaf or hard of hearing in their population currently or in the last 12 months. Therefore, no targeted interview protocols were utilized.</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents who identified as Limited in English Proficiency (LEP) in their population currently or in the last 12 months. Therefore, no targeted interview protocol was utilized.</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents who identified as lesbian, gay or bisexual in their population currently or in the last 12 months. Therefore, no targeted interview protocols were utilized.</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents who identified as Transgender or Intersex in their population currently or in the last 12 months. Therefore, no targeted interview protocols were utilized</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents in their population currently or in the last 12 months who reported a sexual abuse in this facility. Therefore, no targeted interview protocols were utilized</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>1</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>This auditor reviewed the submitted PAQ, resident files, intake records and ascertained from interviews with the staff and residents that there were no residents in their population currently or in the last 12 months who were placed in Segregated Housing who either alleged or suffered from sexual abuse. This facility is a therapeutic group home and it is not designed or configured to house residents in a segregation setting. Therefore, no targeted interview protocols were utilized</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>Since the required number of targeted residents were not in their population during the onsite audit, this auditor could not interview additional random resident to meet the required PREA standards for the number of residents to be interview in this facility</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>9</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 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>This is an all female residential group home facility and only female staff are employed that have direct contact and supervision with the residents. All of the random staff interviewed were female and were of African American decent.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No additional comments beyond what has been stated above.</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>11</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>

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

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

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

	<input type="checkbox"/> Other
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:	1
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 type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The contractor interviewed was the Interpreter. In years past, the facility admitted Spanish speaking residents but as of this onsite audit, that facility has not admitted any Spanish and or other language speaking residents in the last 12 months according to the PREA Coordinator and the Program Director.

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?

Yes

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)?

Yes

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)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

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>During the site review, there were no barriers encountered by this auditor regarding having total facility access, ability to observe and test critical functions or when engaging staff and residents in informal conversations or interviewing.</p>
--	--

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</p> <p><input type="radio"/> No</p>
--	---

<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>During the onsite review, this auditor did request copies of completed as well as blank documents i.e., risk screening, forms and memorandums for triangulation purposes as oversamples. During the corrective action phase, this auditor also requested proof documentation from the PREA Coordinator to demonstrate compliance with the deficient standards as noted in the Interim Report.</p>
---	--

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	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</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>0</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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any 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>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>This auditor reviewed the submitted PAQ, resident records and interview staff and residents onsite to ascertain if there were any sexual harassment investigation outcomes during the 12 months preceding the audit by incident type. The facility reported zero sexual harassment investigations files and my triangulation of the documents, observations, and facility's practices during the above review corroborated this assessment, during the staff and resident file review during the onsite visit.</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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

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

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility reported zero staff-on-resident sexual abuse and sexual harassment investigations in the last 12 months. There were no staff on resident sexual abuse and sexual harassment investigative files to review during this onsite visit, as stated in the PAQ, revealed during the staff and resident interviews, and during the staff and resident file review conducted.</p>
--	---

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff

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

AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p> <input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p>
--	---

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>115.311 (a) RCCTH does have a zero-tolerance policy towards all forms of sexual abuse and sexual harassment to address RCCTH’s obligations under federal Prison Rape Elimination Act (PREA) standards for preventing, detecting, and responding to sexual abuse and sexual harassment. The RCCTH Zero Tolerance Policy is available to all staff, to the resident and is made available to members of the public as posted on the agency’s bulletin board once you enter the facility. Under the general provisions section of RCCTH’s PREA policy it outlines the agency’s approach towards preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is in compliance with this provision.</p> <p>115.311 (b) The agency Zero Tolerance policy states “RCCTH shall designate an upper-level staff member as the agency wide PREA Coordinator”. RCCTH has a designated PREA Coordinator based on a review of the organizational chart and personnel records by this auditor. She holds an upper-level position and has stated during her interview that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in her</p>

	<p>facilities. The facility is in compliance with this provision.</p> <p>115.311 (c) RCCTH does not need to designate a PREA Compliance Manager because they only have and operate this single residential facility. This was corroborated by reviewing the personnel records, the organizational chart and the Zero Tolerance policy. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard</p> <p>Corrective Action: None</p>
--	---

115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.312 (a) RCCTH is not a public facility but is a privately run non-profit facility. RCCTH PREA Coordinator stated on the PAQ that the agency has not entered into a contractual agreement with another agency for the confinement of their residents. However, RCCTH does contract with the Louisiana Office of Juvenile Justice (LOJJ) to provide residential services for their residents as well as with the Department of Children and Family Services (DCFS). The Facility Director and the PREA Coordinator confirmed in their interviews that the agency does not contract for the confinement of their residents with other entities but do contract with Louisiana Office of Juvenile Justice (LOJJ) and the Department of Children and Family Services (DCFS) to provide residential services for their residents. RCCTH did provide this auditor with a copy of the contractual agreement with the Louisiana Office of Juvenile Justice and their residential license with Department of Children and Family Services (DCFS). This facility is in compliance with this provision.</p> <p>115.312 (b) RCCTH contracts with the Louisiana Office of Juvenile Justice (LOJJ) to provide residential services for their residents. A review of the contract with LOJJ do state that RCCTH will “comply with the Final Rule of the Prison Rape Elimination Act (PREA) of June 20, 2012, and with all applicable PREA standards”. This was confirmed during the interview with the Agency Contract Administrator, which is the Program Director. LOJJ also have a clause in their contract for monitoring RCCTH to ensure that they are following the PREA standards during the contractual period. It was also ascertained during the onsite visit that 51% of RCCTH residents are LOJJ referrals and the 49% of their population to date are referrals from the Department of Children and Family Services (DCFS), who does not require them to follow the PREA standards. This facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Findings: None.</p>

115.313	Supervision and monitoring
	<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 1453 748">115.313 (a) RCCTH’s Zero Tolerance Policy states that “RCCTH will develop and implement a written staffing plan to provide adequate levels of staffing or video monitoring to protect residents against sexual abuse and sexual harassment. The PAQ reflected no instances of a deviation from the planned staff to resident ratio, which is 1 to 8 during waking hours and 1 to 16 during sleeping hours. RCCTH is a non-secure residential facility, whose primary resident population (51%) are from the Louisiana Office of Juvenile Justice (LOJJ) and the remainder (49%) are from Department of Child and Family Services (DCFS). The Program Director has elected to have this facility PREA audited because of her desire to continue to receive and provide services to more juvenile justice youth around the State of Louisiana.</p> <p data-bbox="280 788 1469 1572">RCCTH did provide a staffing plan to this auditor during the pre-audit phase for his review. Based on the average resident population by month for the past 12 months, which is 6 and taking into consideration a low staff turnover rate in the past 12 months, this auditor found no obvious reason to believe there had been any deviation from the facility’s staffing plan. RCCTH contractual agreement with DCFS requires that RCCTH maintain a staffing ratio of 1 to 6 during waking hours and a 1 to 12 during sleeping hours. This ratio exceeds the required staff to resident ratio per the PREA standards. RCCTH does use surveillance cameras to aid the facility staff in monitoring the residents. There are 20 cameras, 9 in the interior and 11 on the exterior of the facility: 1 at the front entrance, 1 in the salon, 2 in the dining room, 1 in the kitchen, 2 in the gym area, 2 in the hall way covering the east and west stairwells, 1 at the covered walkway, 2 in the front of the building, 2 on the east side of the building, 4 at the rear of the building and 2 on the west side of the building. Through the staff interviews, this auditor found no reports of short staffing or ratio deviations in the daily monitoring and supervision of the residents. There were no findings of judicial inadequacy, inadequacies from a Federal investigative agency, or inadequacies from an internal or external oversight body (e.g., LOJJ). During the site review this auditor did not identify any blind spots or areas in the facility where staff or residents may be isolated.</p> <p data-bbox="280 1612 1171 1648">The staffing plan also did take into consideration the following:</p> <ul data-bbox="280 1684 1417 2007" style="list-style-type: none"> <li data-bbox="280 1684 1027 1720">· The number and placement of supervisory staff <li data-bbox="280 1756 679 1792">· Employees work shifts, <li data-bbox="280 1827 1123 1863">· Applicable state, local laws, regulations and standards <li data-bbox="280 1899 1417 1935">· Prevalence of substantiated and unsubstantiated incidents of sexual abuse <li data-bbox="280 1971 667 2007">· Other relevant factors <p data-bbox="280 2042 1477 2078">Further evidence that was ascertained during the interviews of the Program Director</p>

and the PREA Coordinator confirmed that RCCTH developed their staffing plan to ensure that adequate staffing is maintained in the facilities to always protect the residents, and that the video monitoring is employed to further detect, prevent and protect residents against sexual abuse. The facility is in compliance with this provision.

115.313 (b) The RCCTH Zero Tolerance Policy as well as their contract with LOJJ and DCFS requires constant supervision and monitoring of the residents while in the facilities. The policy states that the facility maintains a 1 to 8 ratio during waking hours and 1 to 16 staff ratio during sleeping hours except during limited or discrete exigent circumstances. This auditor observed the staff to resident ratios of 2 to 16 during sleeping hours, 1:7, and 2:8 during waking hours which exceeds the standards. The PREA Coordinator stated during her interview that there have been no deviations from the PREA required ratio in the last 12 months. The facility is in compliance with this provision.

115.313 (c) RCCTH facility roster showed 6 full time staff and 10 part time staff employed of which 1 is the Program Director, 10 are part time direct care staff, 1 service plan coordinator, 1 case manager, 1 administrative office staff, 1 PREA Coordinator, 1 maintenance personnel. The resident roster provided during the pre-audit phase reflected their current population of 7 residents. This auditor found no evidence nor was there a report of the staff to resident ratio deviating from the planned ratio of 1:8 during waking hours. This auditor found no evidence nor was there a report of the staff to resident ratio deviating from the planned ratio of 1:16 at nighttime. RCCTH did not document any deviations from the staffing ratio of any limited or discrete exigent circumstances. RCCTH is a non-secure facility and calculating the ratios are not applicable RCCTH is obligated by DCFS regulations and contractual agreement to maintain a 1 to 6 daytime and 1 to 12 nighttime staff to resident ratio. The facility is in compliance with this provision.

115.313 (d) RCCTH's Program Director and PREA Coordinator indicated during their interviews that they did confer in the last 12 months in the development of the staffing plan assessment and did discuss what adjustments were needed in the development of the staffing plan, which was provided to this auditor during the pre-audit phase. They indicated that they will also consider the following in the development of the staffing plan:

- Prevailing staffing patterns
- Deployment of video monitoring systems and other technologies
- Available resources needed to adhere to the staffing plan

The facility is in compliance with this provision.

115.313. (e) RCCTH's Program Director did indicate during her interview that the direct care staff shift supervisors and the PREA Coordinator do conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. During the interview with the PREA Coordinator and the Intermediate

	<p>Level Staff, they both indicated that they do conduct unannounced rounds in the facility at least twice a month on all three shifts. The Unannounced Logs were provided during the pre-audit phase to assess the dates, times and supervisory staff who conducted the unannounced rounds for the last 12 months, thereby corroborating their interview statement. This auditor also found evidence on the PAQ reflecting that higher-level staff do conduct unannounced rounds on all shifts. The facility is in compliance with this provision.</p> <p>RCCTH’s Zero Tolerance Policy does state that disciplinary action will occur if staff alert other staff of the unannounced rounds. During the random staff interviews the staff did explain the unannounced rounds do occur and that they are aware of the consequences if they alert other staff of the unannounced rounds. During the interview with the direct care staff shift supervisor, she indicated that staff are aware of the consequences of alerting other staff of an unannounced round and because of the configuration of the house, that they can enter through the gym door and or front door quietly to monitor the staff during the late-night hours to ascertain if they are alert and performing their responsibilities. RCCTH does have a policy that prohibits staff from alerting other staff of an unannounced round being made by an intermediate and or higher-level staff member. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action: None</p>
--	--

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.315 (a) RCCTH Zero Tolerance policy states “that they will maintain restrictions and limitations on cross-gender searches and shall always refrain from conducting cross gender strip or cross gender visual body cavity searches, except in exigent circumstances or by a medical practitioner”. This is an all-female facility and all staff have been trained on how to conduct a cross gender pat search.</p> <p>A review of the random staff training files and the interviews revealed that the staff has received training on how to conduct a cross-gender pat-down search. All the random direct care staff interviewed corroborated this finding and further stated that no male staff have conducted any type of pat down searches on the female residents at any time. The only male staff employed is the maintenance personnel whose duties does not involve supervising the residents. They further indicated that there has not been an exigent circumstance in the last 12 months to warrant such a cross-gender pat-down search. The facility is in compliance with this provision.</p> <p>115.315 (b): RCCTH is an all-female facility and interviews conducted with the 9</p>

random staff revealed that staff have not conducted a cross-gender pat down search of a resident in non-exigent circumstances in the last 12 months. A review of the staff training records corroborated their assertion. The PREA Coordinator corroborated this assertion. The facility is in compliance with this provision.

115.315 (c): RCCTH Zero Tolerance policy states “that they will maintain restrictions and limitations on cross-gender searches and shall always refrain from conducting cross gender strip or cross gender visual body cavity searches, except in exigent circumstances or by a medical practitioner”. RCCTH PREA Coordinator stated during her interview that they do not conduct cross gender strip searches or cross gender visual body cavity searches in her facilities. A review of the staff training records corroborated her assertion. The facility is in compliance with this provision.

115.315 (d): RCCTH Zero Tolerance policy states that “staffing patterns and physical barriers are implemented to 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”. The facility’s suites (bedrooms) have doors to prohibit cross gender viewing of resident from opposite gender staff. The facility schematic provided shows 6 suites (bedrooms), 4 having two beds and 2 having 4 beds and accessory furnishings. Residents shower on the first floor, where there is one large bathroom having 4 shower stalls with curtains for privacy, a hygiene area and a separate area to dress and undress without being seen by an opposite gender staff. Upstairs where the suites are located there is a large bathroom with a door for privacy, where they can also perform their daily hygiene. This auditor confirmed the schematic plans of these areas during the site review.

RCCTH requires staff of the opposite gender to announce their presence when entering the residential areas of the suites (bedrooms) and both bathroom areas. During the interviews with the 9 random staff confirmed that the only male staff, the maintenance man, does make an announcement saying “male on the dorm” 2 times, knock and then wait for the staff to give him permission to enter the residential area via a walkie-talkie. This statement was also confirmed during the random resident interviews, corroborating that no male staff have entered the bathrooms during shower, changing of clothing or when they are performing restroom routines to date. The further stated that they do hear the maintenance man knock and announce his presence on the walkie-talkie before entering the residential area, which only occurs when the staff grant him access.

This auditor did observe the maintenance personnel in the facility only accessing the gym, the work shed and the church and not in the residential area or bathrooms of the residents. He also observed him communicate with staff via the walkie-talkie. The facility is in compliance with this provision.

115.315 (e) RCCTH Zero Tolerance Policy states that “staff do not search or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status”. The status may be determined during conversations with the resident, by reviewing medical records, or as part of a

	<p>broader medical examination conducted in private by a medical practitioner. The PREA Coordinator stated during her interview that this policy is adhered to by her staff and that there have been no transgender or intersex residents in their population in the last 12 months. A review of the population census over the last 12 months corroborated this assertion. The facility is in compliance with this provision.</p> <p>115.315 (f) RCCTH did provide evidence that all direct care staff have been train on 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 including how to conduct searches of transgender and intersex residents in a professional and respectful manner. A review of the employees training records revealed that all staff have received cross gender pat search training and searches of transgender and intersex residents. This auditor was provided with acknowledgement statements and staff signatures on the training roster to corroborate this assertion. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action: None</p>
--	--

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.316 (a) The RCCTH Zero Tolerance Policy states that “RCCTH will take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts prevent, detect, and respond to sexual abuse and sexual harassment residents who are:</p> <ul style="list-style-type: none"> · Deaf or hard of hearing · Blind or have low vision · Limited English Proficient · Intellectually disabled · Psychiatric disabled · Speech disability <p>Appropriate steps will be taken to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment.</p>

RCCTH has taken steps to ensure that there is effective communication with residents who are:

- Deaf or hard of hearing
- Blind or have low vision
- Limited English Proficient
- Intellectually disabled
- Psychiatric disabled
- Speech disability

RCCTH's PREA Coordinator indicated that the Caddo Parish School Board's Booker T. Washington High School would provide these services to the residents in their facility. RCCTH who attend their school. The PREA Coordinator indicated during her interview that they do have a volunteer who provides interpreting service i.e. translation from Spanish to English for RCCTH residents as needed. This auditor interviewed that volunteer interpreter and she indicated that she has not provided transition services for any RCCTH resident in the last 12 months. She did not provide a memorandum to corroborate that the Caddo Parish School Board's Booker T. Washington High School would provide disability services i.e. Intellectually disabled to those residents as applicable. The facility is not in compliance with this provision.

115.316. (b) RCCTH PREA Coordinator did indicate during her interview that they will do whatever is necessary to ensure the residents understand the PREA standards and their rights. They will utilize, when necessary, staff as translators, a language or interpreting line service and that the Booker T Washington's Special Education Department will provide resources for residents who may be deaf, speech impaired, limited in English proficiency, blind and or low vision or who are psychiatric or are intellectually impaired. At the time of the audit, nor in the past 12 months, did the facility have any resident who were assessed as needing interpreting services, had a disability or were limited English proficient. This determination was made based on interviews of the Intake staff, the program staff, and a review of the resident files. The PREA Coordinator did not provide a memorandum to corroborate that the Booker T Washington High School's Special Education Department would provide disability services i.e. Intellectually disabled to those residents as applicable. The facility is not in compliance with this provision.

115.316 (c) RCCTH Zero Tolerance policy states that RCCTH does not use other residents to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder duties, or an investigation". The PREA Coordinator and Intake staff stated during their interviews that RCCTH does not use resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations in the last 12 months. The PREA Coordinator indicated during her

interview that they do have a volunteer who provides interpreting service i.e. translation from Spanish to English for RCCTH residents as needed. This auditor interviewed that volunteer interpreter and she indicated that she has not provided transition services for any RCCTH resident in the last 12 months. During the random staff interviews all 9 direct care staff, they indicated that RCCTH has not utilized resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations in the last 12 months. The facility is in compliance with this provision.

This facility is in not compliance with this standard.

Corrective Action Findings: The facility needs to provide to this auditor documentation in the form of a memorandum that the Caddo School District Booker T. Washington's High School Special Education Department will provide services to the resident who are deaf or and of hearing, blind or have low vision, limited in English Proficiency, Intellectually and Psychiatric disable and who have a speech disability to be in compliance with this standard.

Corrective Action Response: The Program Director did provide to this auditor a memorandum stating that the Caddo School District Booker T. Washington's High School" Special Education Department will provide services to the resident who are deaf or and of hearing, blind or have low vision, limited in English Proficiency, Intellectually and Psychiatric disable and who have a speech disability. She also indicated that RCCTH do not accept youth into their program who may have the foretated disabilities but if and when they do, these services would be available at the Booker T Washington High School.

The facility is in compliance with this standard.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.317 (a). RCCTH Zero Tolerance policy states that "RCCTH does not hire or promote anyone who may have contact with resident and does not use services of any contractor who may have contact with the person if the person:</p> <ul style="list-style-type: none"> (I) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (ii) who have 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, of if the victim did not consent or was unable to consent or refuse. (iii) Enlist the services of any contractor who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other

institution; or who have 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, of if the victim did not consent or was unable to consent or refuse.

(iv) Enlist the services of any contractor who has been civilly or administratively adjudicated or 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.

The Human Resource staff confirmed during her interview that RCCTH has not hired, promoted, or contracted anyone who meets the criteria listed above in (I) through (iv). A review of employee files revealed that there was no documented evidence of RCCTH hiring, promoting or utilizing the services of any contractors during the last 12 months as stated above. The facility is in compliance with this provision.

115.317 (b) RCCTH Zero Tolerance Policy states that “for any person who may have contact with juveniles, RCCTH considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services”. The Human Resource staff indicated during her interview that a thorough criminal background check, pre-employment reference checks, and a child abuse registry check are conducted before an applicant or contractor is offered a position. She further stated that a “hit” would automatically come to her via email from the Louisiana Department of Public Safety (LDPS) if any of her current employees are arrested or encounters law enforcement. A review of the employee and contractor files revealed no documented evidence of RCCTH hiring, promoting or procuring the services of a contractor in violation of this provision. The facility is in compliance with this provision.

115.317 (c) RCCTH Zero Tolerance Policy, (pg.6) states that “before hiring new employees who may have contact with resident, RCCTH Program Director will:

- (i) Performs a criminal background records check
- (ii) Consults the child abuse registry maintained by Texas Department of Family and Protective Services (DFPS); and
- (iii) 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.

A review of the employee files revealed that RCCTH have been conducting background checks and completing reference checks, and they have documented proof of attempts to ask previous institutional employer information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. During the interview with the Human Resource personnel stated that none of the last 7 new hires came from an institutional facility. During the employee file review, it was ascertained that no institutional reference check had been performed since none of 7 new hires

previously worked in an institutional setting.

During the onsite audit this auditor was provided with a sample letter that would be sent to a prior institutional employer for information on substantiated sexual abuse incidents and resignations. Further review of the employee files revealed that documented child abuse registry checks through the Department of Family and Protective Services (DFPS) have been conducted on all employees in the last 12 months. The facility is in compliance with this provision.

115.317 (d) RCCTH Zero Tolerance Policy states that “before enlisting the services of a contractor who may have contact with residents, the Program Director will:

- (i) Performs a criminal background records check
- (ii) Consults the child abuse registry maintained by Texas Department of Family and Protective Services (DFPS)

A review of the personnel files revealed that no contractors had been hired in the last 12 months and that no documented child abuse registry checks had been conducted through the Louisiana Department of Children and Family Protection (LDCFP) because of this. The PREA Coordinator, the Facility Director and the Human Resource Personnel corroborated this assertion. The facility is in compliance with this provision.

115.317 (e) RCCTH does conduct criminal background checks every five years of current employees and on contractors who may have contact with residents. This was corroborated through the employee file review of the staff and contractor by this auditor and confirmed in interviews with the Program Director and Human Resource staff. The facility is in compliance with this provision.

115.317 (f) RCCTH Zero Tolerance Policy does” asks applicants and employees who may have contact with youth directly about previous misconduct described in subparagraph (A) of this paragraph, in written applications, during interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. RCCTH employees have a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment”. RCCTH did provide during the pre-audit phase completed “PREA Reference Check” acknowledgement forms on each employee as part of their continuing affirmative duty to disclose any such misconduct. The facility is in compliance with this provision.

115.317 (g) RCCTH Zero Tolerance Policy does indicate that material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment”. The Human Resource staff did indicate during her interview that all staff and contractors have been informed of this policy and that there have been no violations of this policy in the last 12 months. The facility is in compliance with this provision.

	<p>115.317 (h) RCCTH Zero Tolerance Policy does state, “that unless prohibited by law, RCCTH provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work”. During the interview with the Human Resource personnel, she indicated that such disclosure would not be an issue because most reference checks are accompanied by written permission to disclose information from the subject of the reference check. At the time of the onsite audit the RCCTH Human Resource staff indicated that she had not received any requests for information from a juvenile institution on current staff. The PREA Coordinator did provide to this auditor a copy of the sample letter to be sent to an institutional employer of a potential hire The Human Resource personnel also indicated that she has not requested information on any of the new hires for this audit period. The facility is in compliance with this provision.</p> <p>.Corrective Action Findings: None</p>
--	--

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318 (a) RCCTH Zero Tolerance Policy states that “when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, RCCTH will consider the effect of the design, acquisition, expansion, or modification on the agency’s ability to protect residents from sexual abuse”. The PREA Coordinator indicated in her interview that there has not been any major expansion or modification of the existing facility in the last 12 months. She further indicated that if any major modifications occur that they will consider the effect of the design, acquisition, expansion, or modification regarding RCCTH’s ability to protect residents from sexual abuse. The facility is in compliance with this provision.</p> <p>115.318 (b) RCCTH Zero Tolerance Policy states that “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, RCCTH considers how such technology may enhance the agency’s ability to protect youth from sexual abuse”. During the site review this auditor noticed that RCCTH has installed 9 cameras in the interior and 11 cameras on the exterior of the facility to enhance the agency’s ability to protect residents from sexual abuse. No other cameras or electronic surveillance systems have been installed since the last audit nor in the last 12 months. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1445 667">115.321 (a) RCCTH is not responsible for investigating allegations of sexual abuse and sexual harassment. The Shreveport Police Department (SPD) will conduct the criminal investigation and the Office of Juvenile Justice (OJJ) will conduct the administrative investigations and they will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative and criminal prosecutions. RCCTH’s Zero Tolerance policy corroborates this assertion. The Program Director did provide a memorandum to this auditor to further corroborate this assertion. The facility is in compliance with this provision.</p> <p data-bbox="280 707 1477 1115">115.321 (b) RCCTH is not responsible for investigating allegations of sexual abuse and sexual harassment. The PREA Coordinator did indicate during her interview that the protocol being utilized by the Shreveport Police Department (SPD), who conducts the criminal investigations and the Louisiana Office of Juvenile Justice (LOJJ), who conducts the administrative investigations is developmentally appropriate for youth and shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents. She did provide this auditor with a copy of this protocol during the pre-onsite review phase. The facility is in compliance with this provision.</p> <p data-bbox="280 1155 1477 1352">115.321 (c) RCCTH Zero Tolerance Policy states that “when evidentiarily or medically appropriate, RCCTH will transport residents who experience sexual abuse to the hospital, clinic or emergency room that can provide for medical examination by a Sexual Assault Nurse Examiner (SANE) and that such medical examinations are provided at no financial cost to the resident.</p> <p data-bbox="280 1393 1433 1554">The PREA Coordinator stated during her interview that in the event of a sexual abuse allegation, RCCTH will call the Shreveport Police Department (SPD) for criminal investigation and they would take the victim resident to the Willis Knight Hospital for the SANE examination.</p> <p data-bbox="280 1594 1477 2047">The Willis Knight Hospital services also collaborates with Project Celebration, the local rape crisis center. During the interview with the SANE Nurse representative, she that the Willis Knight Hospital provides compassionate, sensitive, timely care for victims of violent crimes, child abuse and neglect. The SANE Nurse further explained that she was the lead SANE nurse, but in her absence another forensic nurse would be on duty. She explained it was hospital practice to have a forensic nurse available 24 hours a day. The hospital web site states that “when sexual assault has occurred, a forensic nurse who is a sexual assault nurse examiner (SANE) will provide nonjudgmental, compassionate care to the patient. SANEs are registered nurses who have had specialized training in the comprehensive medical forensic care of patients who have experienced sexual assault.</p>

The PREA Coordinator further indicated during her interview that there has been 1 referral of a sexual abuse victim to the Willis Knight hospital in the last 12 months. This referral was made on the 14th day since the resident reported a previous sexual abuse during the intake. The resident further indicated to this auditor during her interview that she was not taken to the hospital for a SANE examination when the alleged sexual abuse incident occurred. A review of the resident files corroborated this assertion. This auditor immediately informed that PREA Coordinator and arrangements were made to transport this resident to the Willis Knight Hospital to have her examined, especially for a sexual transmitted infection (STI). The facility is in compliance with this provision.

115.321 (d) RCCTH Zero Tolerance Policy states that RCCTH seeks to secure a victim advocate services from a local rape crisis center". Rape Crisis Center services are provided free of charge by Project Celebration, a community-based organization that provide emotional support, counseling and advocacy services. The PREA Coordinator did provide a Memorandum of Understanding between RCCTH and the Project Celebration to corroborate the services to be offered for a sexual abuse victim.

According to the Project Celebration Support Staff representative, once a sexual abuse victim (resident) is referred to the Willis Knight hospital will receive "wraparound" services e.g., SANE examination, victim advocacy, emotional support and counseling service through this established consortium network. The PREA Coordinator indicated during her interview that a victim advocate will always be made available to victims of sexual abuse by Project Celebration, and that they have entered into a Memorandum of Understanding from Project Celebration. She further indicated that there have been only 1 referral of a sexual abuse victim, who reported a prior sexual victimization at intake, to the Willis Knight hospital in the last 12 months. A review of the resident files corroborated this assertion. The facility is in compliance with this provision.

115.321 (e) RCCTH PREA Coordinator indicated during her interview that if a sexual abuse victim requests, a staff member from Project Celebration would accompany the resident through the forensic medical examination process and investigatory interviews. However, the emotional support and crisis intervention services through the Project Celebration remains available 24/7 to support victims through the forensic medical examination process and investigatory interview process also. These services include forensic examination, emotional support, crises intervention, information, and referrals. During the phone interview with the SANE Nurse at the Willis Knight hospital, she confirmed that she is qualified to conduct Sexual Assault Medical Forensic Examinations (SANE) for obtaining usable evidence for administrative or criminal investigations. The facility is in compliance with this provision.

115.321 (f) RCCTH PREA Coordinator did provide to this auditor with proof documentation in the form of a memorandum confirming that the Shreveport Police Department (SPD) will conduct all criminal investigations and that the Louisiana Office of Juvenile Justice (LOJJ) would conduct the administrative investigations. She

	<p>did provide a memorandum from the Louisiana Office of Juvenile Justice (LOJJ) and a Memorandum of Understanding provided to the Shreveport Police Department (SPD) regarding their investigative responsibilities that they follow the requirements of paragraphs (a) through (e) of this section. The facility is in compliance with this provision.</p> <p>115.321 (g) The PREA Coordinator indicated during her interview that the Louisiana Juvenile Justice Department (LOJJ) is the State entity responsible for conducting administrative investigations and that they agree to abide by the requirements in paragraph (a) through (f) of this section. The PREA Coordinator further stated that no Department of Justice entity or component is responsible for conducting administrative or criminal investigations in this facility.</p> <p>115.321. (h) The PREA Coordinator stated during her interviews that RCCTH would always make a victim advocate, who has been screened for appropriateness to serve in this role from Project Celebration, available to any resident victim. She further stated that there have not been any sexual abuse allegations or investigations in the last 12 months. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>
--	--

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.322 (a) The RCCTH Zero Tolerance Policy states that “that all administrative and or criminal allegations of sexual abuse and sexual harassment are reported to and investigated by the Louisiana Office of Juvenile Justice (LOJJ) for administrative investigations and to the Shreveport Police Department (SPD) for criminal investigations”. During the past 12 months the PREA Coordinator and the Program Director reported during their interview that there was 1 Unfounded investigation of sexual abuse and zero investigations for sexual harassment. Upon conducting a file review of the staff and resident files, this auditor did find and reviewed the 1 Unfounded administrative investigation for sexual abuse in the resident’s file. The facility is in compliance with this provision.</p> <p>115.322 (b) RCCTH Zero Tolerance Policy states that “all allegations of sexual abuse and sexual harassment are assigned to the appropriate agency, Louisiana Office of Juvenile Justice (LOJJ) for administrative investigations and to the Shreveport Police Department (SPD) for criminal investigation”. Since this is their first audit, RCCTH Zero Tolerance Policy has been finalized as of April 23rd, 2024, and was posted on</p>

	<p>the bulletin board in the facility since they do not have an agency website as of this onsite audit. The Zero Tolerance Policy is in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an appropriate agency with the legal authority to conduct criminal investigations. The facility is in compliance with this provision.</p> <p>115.322 (c) RCCTH Zero Tolerance Policy states that “all allegations of sexual abuse and sexual harassment are assigned to the appropriate agency, the Louisiana Office of Juvenile Justice (LOJJ) for administrative investigations and to the Shreveport Police Department (SPD) for criminal investigation”. Their Zero Tolerance policy also describes the responsibilities of both agencies and their investigative entities. The PREA Coordinator and the Program Director did corroborate this assertion during their interviews that administrative sexual abuse and sexual harassment allegations would be investigated by the Louisiana Office of Juvenile Justice (LOJJ) and that criminal sexual abuse and sexual harassment allegations would be investigated by the Shreveport Police Department (SPD). The facility is in compliance with this provision.</p> <p>115.322 (d) The Louisiana Office of Juvenile Justice (LOJJ) is the State entity that will conduct administrative investigations of sexual abuse and sexual harassment in this facility, and they have provided RCCTH with their investigative policy that will govern this activity. The PREA Coordinator did provide this auditor with a copy of their investigative policy. The facility is in compliance with this provision.</p> <p>115.322 (e) The PREA Coordinator did state during her interview that no Department of Justice entity or component is responsible for conducting administrative or criminal investigations in this facility.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>
--	--

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.331 (a) The RCCTH Zero Tolerance Policy states that it will provide PREA related training to all its employees who may have contact with resident”. RCCTH training addresses:</p> <ul style="list-style-type: none"> · How to fulfill their PREA responsibilities under RCCTH policies and procedures. · Residents right to be free from sexual abuse and sexual harassment.

- The right of residents and employees to be free from sexual abuse and harassment.
- The right of residents to be free from retaliation for reporting sexual abuse and harassment
- The dynamics of sexual abuse and sexual harassment in juvenile facilities.
- The common reactions of juvenile victims of sexual abuse and harassment.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

It was ascertained during the interviews conducted with the 9 random staff that the PREA training they received covered the above 11 points as required. RCCTH utilizes the State of Louisiana Office of Juvenile Justice PREA Training, the National Institute of Corrections (NIC) training titled "PREA: Your role in Responding to Sexual abuse" when training their staff as well as the 8-hour PREA Employee Training from the PREA Resource Center. The facility is in compliance with this provision.

115.331 (b) The PREA Coordinator stated that the PREA training is tailored to the unique needs and attributes a gender of the residents at the facility. This is also corroborated from the PAQ response. RCCTH is a single gender (all-female) facility, and the staff of the opposite gender, if employed, would receive the same training regardless of what residential housing are they are assigned to. The staff received PREA training as provided during the new employee orientation training and have received it annually or every 2 years as refresher training as of the onsite visit. The PREA Coordinator did provide the curriculum utilized for the annual and refresher training to this auditor during the onsite visit. This is RCCTH's first PREA audit and the training documentation reviewed and received by this auditor demonstrates that RCCTH is in compliance with this provision. The facility is in compliance with this provision.

115.331 (c) RCCTH PREA Coordinator did provide to this auditor during the pre-audit phase written verification that all staff received the initial, annual PREA training and they all signed an acknowledgement statement that they understood their PREA responsibilities. The PREA Coordinator indicated during her interview that the staff have received refresher PREA training every 2 years since this is their first PREA audit. She further stated that all staff have received training on the facility's Zero Tolerance policy in the last 12 months and did provide supportive documentation to

	<p>this auditor of the same. This also was confirmed when reviewing the employee training files. The facility is in compliance with this provision.</p> <p>115.331 (d) The RCCTH PREA Coordinator did provide to this auditor training documentation where the staff had been trained via acknowledgement statements with their signature affixed indicating that they understood the training they received. During the interviews with the staff, it was ascertained that they had a good understanding of 115.331 (a, 1-11) and 115.331 (b), and 115.331 (c) thereby corroborating their signed acknowledgement statement. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>
--	--

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.332 (a) The RCCTH Zero Tolerance Policy states that “RCCTH ensures and documents all volunteers and contractors who have direct access to resident have been trained on and understand their responsibilities under PREA and any other RCCTH policies and procedures”. The PREA Coordinator indicated during her interview that they have not employed nor recruited a contractor to provide a service in this facility in the last 12 months but they do have a volunteer that provides interpreting services for them when needed. A review of the files reveals that there has been 1 volunteer employed and zero contractors employed in RCCTH in the last 12 months. The facility is in compliance with this provision.</p> <p>115.332 (b) The RCCTH PREA Coordinator did not provide documentation of the volunteer’s acknowledgement of their PREA responsibilities and none was provided for a contractors since they have not procured their services in the last 12 months. A review of the files reveals that there have been only 1 volunteer and zero contractors have been employed in RCCTH in the last 12 months. She did indicate that the level and type of training provided to the volunteers and contractors would be based on the services that they provide and the level of contact they have with the residents. They would all be notified of the agency’s Zero Tolerance policy regarding sexual abuse and sexual harassment and be informed on how to report such incidents. This auditor interviewed the volunteer and it was ascertained that she had not received any PREA training in the last 12 months. The facility is not in compliance with this provision.</p> <p>115.332 (c) The PREA Coordinator indicated during her interview that RCCTH would maintain documentation confirming that the contractor or volunteers understood the PREA training received. A review of the files reveals that there have been no</p>

	<p>contractors and only 1 volunteer employed in the last 12 months that have not received any PREA training. The facility is not in compliance with this provision.</p> <p>This facility is not in compliance with this standard.</p> <p>Corrective Action: The facility must provide PREA Training for the current volunteer within the next 30 days, obtain an acknowledgement statement from her attesting to the training provided and provide this proof documentation to this auditor for his review in order to be in compliance with this standard.</p> <p>Corrective Action Response: The PREA Coordinator did provide to this auditor a signed acknowledgement from the Interpreter attesting that she received and understood the training on the Prison Rape Elimination Act and her reporting responsibilities as a volunteer. This facility is in compliance with this standard.</p>
--	--

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.333 (a) The RCCTH Zero Tolerance Policy, states that “during the admissions/ intake process the resident are provided, by RCCTH, age appropriate PREA information about the agencies Zero Tolerance Policy and how to report incidents or suspicions of sexual abuse, sexual harassment or sexual activity”. This is done through verbal explanation by the intake staff after being provided the appropriate PREA education information in the PREA brochure and in the Resident Handbook. The Youth PREA Orientation PowerPoint as provided by the Louisiana Office of Juvenile Justice address the following points:</p> <ul style="list-style-type: none"> · Resident rights to be free from sexual abuse and sexual harassment · Their rights to be free from retaliation for reporting such incidents · The agency’s policies and procedures for responding to such incidents. <p>The RCCTH PREA Coordinator did provide this auditor with the RCCTH Resident Handbook in English and Spanish. During the random resident interviews, 7 of 7 residents reported that this information was provided and was explained to them upon intake. They further indicated that they understand the zero-tolerance policy and know how to report a sexual abuse and sexual harassment allegation.</p> <p>Over the past twelve months 17 residents were admitted to RCCTH and all of the intake packets included an acknowledgement signed by each resident that they received and understood the zero-tolerance policy information. When reviewing resident files this auditor found no evidence that there were residents who did not receive the required Zero Tolerance Policy information. The facility is in compliance with this provision.</p>

115.333 (b) The RCCTH Zero Tolerance Policy states that “within 10 days after admission, RCCTH provides comprehensive, age-appropriate education to resident about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting”. Upon conducting the random resident interviews this auditor found evidence that 7 of 7 residents had received PREA educational training, which was presented in an age-appropriate manner, within 10 days of their intake.

This auditor did receive copies of the resident acknowledgement statements as proof that the actual PREA education is being provided to residents within 10 days of their intake to inform the youth of:

- Their rights to be free from retaliation for reporting such incidents
- The agency’s policies and procedures for responding to such incidents.

The facility is in compliance with this provision.

115.333 (c) During the random resident interviews 7 of 7 residents interviewed indicated that they all had received the comprehensive PREA education within 10 days of their intake. The PREA Coordinator did provide to this auditor a copy of the PREA Orientation PowerPoint utilized to provide this comprehensive education to the resident during the pre-audit phase. A review of the resident files indicated that all 7 residents acknowledged that they did receive the comprehensive PREA education within 10 days from intake. The PREA Coordinator did provide this auditor with a copy of the PowerPoint utilized for this comprehensive education. The resident files and the PREA Coordinator further corroborated that they had received this comprehensive education within 10 days after their intake.

During the intake staff interview this auditor asked how they ensured current residents as well as those transferred from other facilities were educated on the agency’s Zero Tolerance Policy. She stated that regardless of how, when, or where a resident comes to the facility, they would be provided with the same comprehensive education about their rights to be free from sexual abuse, sexual harassment, retaliation and how to report a sexual abuse and sexual harassment allegation. The facility is in compliance with this provision.

115.333 (d) The RCCTH intake staff did provide this auditor with the resident PREA education in formats accessible to all residents at the facility during this audit, including materials translated into Spanish and in English. RCCTH's PREA Coordinator indicated to this auditor that the Caddo Independent School District would provide the following services to residents who are:

- Limited in English Proficient
- Visually impaired
- Otherwise disabled
- Having limited reading skills

The PREA Coordinator indicated during her interview that Caddo Parish School Board's Booker T. Washington School would provide assistance to them in creating education materials in formats accessible for residents that are deaf, visually impaired, have limited reading skills, otherwise disabled or have limited reading skills. When intake staff were asked how residents with limited reading skills could benefit from the PREA related information, she responded that the staff would read the printed information to the resident with the limited reading skills, contact the Caddo Parish School Board's Booker T. Washington School for service to residents who have the above stated disabilities, and would instruct them on how they can call the 1-800 hotline number to report a sexual abuse and sexual harassment allegation. The PREA Coordinator did not provide documentation from the Caddo School Board to substantiate this assertion. The facility is not in compliance with this provision.

115.333 (e) The RCCTH PREA Coordinator indicated during her interview that in the last 12 months there were no residents in the facility who participated in these educational sessions that were limited in English proficiency, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills. A review of the residents filed corroborated this assertion that there were no residents who were limited in English proficiency, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills that required education in the aforementioned accessible formats. The facility is in compliance with this provision.

115.333 (f) During the site review of the RCCTH this auditor did observe PREA posters in the residential areas of the facility. These posters did include the 1-800 phone number for reporting a sexual abuse and sexual harassment allegation as well as the name and phone number for seeking emotional support and crisis intervention. This auditor also received a copy of and reviewed the PREA information that is in the resident handbook.

The PREA brochures and Zero Tolerance flyers were observed during the site review in the entry of the facility, in the common areas, on the suite (bedroom) doors, the bathroom and shower area door as well as in the gym and salon area of the facility. The facility is in compliance with this provision.

This facility is not in compliance with this standard.

Corrective Action Findings: This facility must provide documentation that the Caddo School District will provide RCCTH assistance in creating educational material in formats accessible to the residents who are intellectually, psychiatric, deaf, hard of hearing, visually impaired and limited in English Proficient in order to be in compliance with this provision. They must also provide a copy of the agreement or memorandum that RCCTH does have access to an interpreter when needed.

Corrective Action Response: The Program Director did provide to this auditor a memorandum stating that the Caddo School District Booker T. Washington's High School" Special Education Department will provide services to the resident who are deaf or and of hearing, blind or have low vision, limited in English Proficiency, Intellectually and Psychiatric disable and who have a speech disability. She also

	<p>indicated that RCCTH do not accept youth into their program who may have the foretated disabilities but if and when they do, these services would be available at the Booker T Washington High School.</p> <p>The facility is in compliance with this standard.</p>
--	--

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.334 (a) RCCTH Zero Tolerance Policy states that “RCCTH staff member are not qualified to investigate allegations of sexual abuse and sexual harassment” and that these investigations will be conducted by the appropriate investigative entities. The PREA Coordinator indicated during her interview that no one in her staff is qualified to conduct sexual abuse and sexual harassment investigations. These allegations are referred to either the Shreveport Police Department (SPD) for criminal investigations, and to the Louisiana Office of Juvenile Justice (LOJJ) for administrative investigations. She further stated that she believes that investigators from these entities have received training in conducting such investigations in confinement settings. The facility is in compliance with this provision.</p> <p>115.334 (b) Because administrative and criminal investigations are the responsibility of Shreveport Police Department (SPD) and the Louisiana Office of Juvenile Justice (LOJJ), the PREA Coordinator stated that she believe that these entities staff are required to have specialized training including 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. The facility is in compliance with this provision.</p> <p>115.334 (c) Because administrative and criminal investigations are the responsibility of Shreveport Police Department (SPD) and the Louisiana Office of Juvenile Justice (LOJJ) the PREA Coordinator stated during her interview that she believes that SPD and LOJJ personnel do have documentation of their investigative staff that have received the required specialized training in conducting sexual abuse investigation. The facility is in compliance with this provision.</p> <p>115.334 (d) The PREA Coordinator further stated that she believes that Louisiana Office Juvenile Justice (LOJJ), which is the State entity, have provided training to its investigators who conduct such investigations in confinement settings. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>

115.335	Specialized training: Medical and mental health care
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 340 1409 499">115.335 (a) The RCCTH Zero Tolerance Policy states that RCCTH ensures and maintains documentation that if employed, their full and part-time medical and mental health practitioners working in RCCTH operated facility they would have been trained in how to:</p> <ol data-bbox="389 539 1458 826" style="list-style-type: none"> <li data-bbox="389 539 1426 573">1. How to detect and assess signs of sexual abuse and sexual harassment. <li data-bbox="389 611 1155 645">2. How to preserve physical evidence of sexual abuse. <li data-bbox="280 683 1458 757">3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. <li data-bbox="280 795 1342 828">4. How and to whom to report allegations of sexual abuse and harassment. <p data-bbox="280 866 1477 1025">The Program Director and the PREA Coordinator indicated during their interviews that RCCTH does not have a part or full time time medical and mental health practitioner employed at the facility, but if they did, they would receive training that addresses the following training topics:</p> <ul data-bbox="280 1064 1477 1395" style="list-style-type: none"> <li data-bbox="280 1064 1366 1097">· How to detect and assess signs of sexual abuse and sexual harassment <li data-bbox="280 1135 1075 1169">· How to preserve physical evidence of sexual abuse <li data-bbox="280 1207 1458 1281">· How to respond effectively and professionally to juvenile sexual abuse victims of sexual abuse and sexual harassment. <li data-bbox="280 1319 1477 1395">· How and to whom to report allegations or suspicion of sexual abuse and sexual harassment. <p data-bbox="280 1433 948 1467">The facility is in compliance with this provision.</p> <p data-bbox="280 1505 1477 1709">115.335 (b) RCCTH Human Resource staff indicated that they does not employ part or full time time medical and or mental health personnel who are required to receive training related to forensic exams. A review of the personnel roster revealed that no medical or mental health practitioner has been employed at RCCTH in the last 12 months. The facility is in compliance with this provision.</p> <p data-bbox="280 1747 1433 1951">115.335 (c) RCCTH Human Resource staff indicated that they have not employed medical and mental health practitioners who have received the employee PREA training in the last 12 months. A review of the personnel roster revealed that no medical or mental health practitioner has been employed at RCCTH in the last 12 months. The facility is in compliance with this provision.</p> <p data-bbox="280 1989 1414 2063">115.335 (d) RCCTH Human Resource staff indicated that no medical and mental health practitioner has been employed, but if they were, they would receive the</p>

	<p>required training as mandated by employees by 115.331 and 115.332. The Program Director corroborated this assertion during her interview. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard</p> <p>Corrective Action Findings: None</p>
--	--

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341 (a) The RCCTH Zero Tolerance Policy states that “RCCTH does use an objective screening instrument within 72 hours after a resident’s admission to RCCTH to obtain information about the resident’s personal history and behavior to reduce the risk of sexual abuse by or upon another resident”. Upon file review of the residents file, this auditor randomly selected 7 resident files and found that 100% of these files did have an objective risk screening completed within the 72-hour period. The risk screening instrument being utilized by RCCTH was comprehensive enough to capture all the relevant information required of this standard. Upon further review it was ascertained that RCCTH had not periodically obtained information throughout a resident’s stay in this facility since this is their first PREA audit. The facility is not in compliance with this provision.</p> <p>115.341 (b) RCCTH Zero Tolerance Policy states that “periodically throughout the resident’s stay, information from the screening instrument is used to reassess housing and supervision assignments”. The Intake staff indicated during her interview that residents had not been provided a periodic screening reassessment during their stay to assess housing and supervision assignments because this is their first PREA audit. The facility is not in compliance with this provision.</p> <p>115.341 (c) The current screening instrument used at RCCTH, does attempt to ascertain the following information:</p> <ol style="list-style-type: none"> 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 vulnerable to sexual abuse; 3. Current charges and offense history; 4. Age; 5. Level of emotional and cognitive development;

6. Physical size and stature;
7. Mental illness or mental disabilities;
8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. The residents own perception of vulnerability; and
11. Any specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain residents.

During the interview with the Intake staff, it was ascertained that this information was being captured and or asked during the risk screening i.e., number 3, 5, 7, 8, 9, and 10 as required from this provision. The facility is in compliance with this provision.

115.341 (d) This auditor ascertained through the resident file audit and the Intake staff interview that the risk assessments are being conducted through conversation with the resident during the intake, classification process; from the mental health screenings, from reviewing court records and other relevant documentation. Documentation of the intake screening and the risk assessment instrument was provided to this auditor for his review. The facility is in compliance with this provision.

115I341 (e) The PREA Coordinator and Intake staff indicated during interviews that the information obtained during the initial and follow up screening is sensitive and treated as confidential, therefore the information has limited dissemination and access to prevent exploitation. This information is controlled by double locking the paper files in a file cabinet of the case manager's office, electronic files are password protected as an electronic records and only authorized employees are permitted to view the protected information on a need-to-know basis. During the site review this auditor was able to review these files in the case manager's office, where they were stored as well as the confidential information stored on the password protected computer. The facility is in compliance with this provision.

This facility is not in compliance with this standard.

Corrective Action Findings: RCCTH need to provide to this auditor proof documentation over the next 3 months reflecting that periodic risk screening reassessments are occurring and that this practice has been institutionalization in order for them to be in compliance with this standard.

Corrective Action Response: RCCTH's PREA Coordinator did provide to this auditor proof documentation of the periodic risk screening reassessments of 6 resident that did occur over the last 3 months to demonstrate the institutionalization of this practice in this facility. The facility is in compliance with this standard.

115.342	Placement of residents
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1484 833">115.342 (a) RCCTH’s Zero Tolerance Policy states that RCCTH “uses all information obtained during intake screening to make housing, bed, program, education, and work assignments for resident”. The Intake staff as well as the PREA Coordinator confirmed in their interviews that information learned during the intake screening is used to make informed housing assignments. Furthermore, the housing assignments are discussed when there is an incident and moving residents to another bedroom, work educational or program assignment with the goal of keeping them safe from sexual abuse and sexual harassment will be considered. She further stated that there have been 1 Unfounded allegation of sexual abuse and zero allegations sexual harassment in the last 12 months. That unfounded allegation did not require RCCTH to make any housing, bed, program, education, and or work assignment changes for a resident. The facility is in compliance with this provision.</p> <p data-bbox="280 873 1484 1115">115.342 (b) The RCCTH Zero Tolerance Policy prohibits the use of isolation, therefore RCCTH avoids isolating residents due to risk of sexual victimization. During the onsite audit this auditor walked freely throughout the facility and was given access to all areas as requested. This facility never places residents in isolation nor is the facility designed for such according to the facility’s schematics and its mission as a residential treatment facility. The facility is in compliance with this provision.</p> <p data-bbox="280 1155 1458 1352">115.342 (c) RCCTH PREA Coordinator and the Intake staff indicated during their interview that RCCTH does not place Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) residents in a particular house, bed, or other assignment solely on the basis of such identification. RCCTH reported on the PAQ of having zero LGBTI residents in the 12 months.</p> <p data-bbox="280 1393 1471 1550">The PREA Coordinator indicated during her interview that if an LGBTI resident were in the program that RCCTH would always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive. The facility is in compliance with this provision.</p> <p data-bbox="280 1590 1481 1877">115.342 (d) RCCTH is an all-female facility. The Intake Staff and the PAQ reported no LGBTI residents in the past 12 months. The Intake staff stated in her interview that the housing assignments would be made on a case-by-case basis and as with all residents the assignment would be based on ensuring the residents health and safety, and whether placement would present management or security problems. RCCTH reported on the PAQ of having zero transgender and intersex residents in the facility during the last 12 months. The facility is in compliance with this provision.</p> <p data-bbox="280 1917 1468 2074">115.342 (e) At the time of this audit and in the last 12 months RCCTH reported that there were no residents who identified as transgender or intersex at the facility. RCCTH Zero Tolerance policy does state that “transgender and intersex resident housing assignments and programing assignments would be reassessed at least</p>

	<p>twice each year to review any threats to safety experienced by the resident”. RCCTH reported on the PAQ of having zero transgender and intersex resident in the 12 months. The facility is in compliance with this provision.</p> <p>115.342 (f) RCCTH Zero Tolerance Policy states that RCCTH “would give serious consideration to the resident’s own views concerning their safety when making placement and programming assignments” for a transgender or intersex resident. RCCTH PREA Coordinator reported on the PAQ of having zero transgender and intersex residents in the 12 months. The facility is in compliance with this provision.</p> <p>115.342 (g) RCCTH’s Zero Tolerance Policy states that it would provide the opportunity transgender and intersex residents to shower separately” from other residents. During the facility site review this auditor did observe the 6 suites (bedrooms), a private bathroom on the 2nd floor and a large group shower area on the first floor having a door, 4 separate shower stalls and curtains for complete resident privacy. RCCTH reported on the PAQ of having zero transgender and intersex residents in the 12 months. The facility is in compliance with this provision.</p> <p>115.342 (h) RCCTH Zero Tolerance policy states that they never place a resident in isolation based on concerns for the resident’s safety or because there is no alternative means of separation that can be arranged between the alleged victim and perpetrator. This facility’s design, schematics and its mission as a residential treatment facility does not afford itself for isolating residents. The facility is in compliance with this provision.</p> <p>115.342 (I) The PREA Coordinator stated during her interview that if isolation was utilized in this facility that every 30 days, the facility would review the isolation to determine whether there is a continuing need for separation from the general population. She further stated that this facility never places residents in isolation nor is the facility designed for such according to the facility’s schematics and its mission as a residential treatment facility. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>
--	--

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.351 (a) RCCTH Zero Tolerance Policy states that RCCTH “will provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents”. The RCCTH Zero</p>

Tolerance Policy lists the following ways to report:

- (I) Submitting a written grievance, verbally or by any means the resident has access to;
- (ii) Calling the LaFASA 24-hour toll free hotline 1 888-995-7273 without being heard by staff or other residents
- (iii) Telling any staff member, volunteer, or contract employee who must then call the hotline and inform the PREA Coordinator and the Program Director; or
- (ii) Calling the toll-free number maintained by the Louisiana Office of Juvenile Justice (LOJJ), 1-800-626-1430, which is a separate State agency. Also, without being heard by staff or residents.

During the interviews with the random residents, they all indicated their knowledge of reporting a sexual abuse and sexual harassment, retaliation or staff neglect allegations by either telling a staff member, write a grievance or call the LOJJ or LaFASA's anonymous number that is listed on the PREA poster. This auditor observed in throughout the facility the PREA poster displaying the LOJJ and La FASA's number that a resident can call to report a sexual abuse and sexual harassment allegation or incident. During the random staff interviews they all indicated the ways a resident can report a sexual abuse and sexual harassment allegation by informing them, writing a grievance, calling the 1800 La FASA's number. The PREA Coordinator stated that phone access can be made in the case manager's office for the resident to utilize when making a 1-800 number when reporting a sexual abuse or sexual harassment allegation. The facility is in compliance with this provision.

115.351 (b) RCCTH Zero Tolerance Policy states that "a residents may call the toll-free number maintained by the Louisiana Office of Juvenile Justice (LOJJ), 1 (800) 626-1430, which is a state agency to report a sexual abuse, sexual harassment, retaliation, and staff neglect allegation. The PREA Coordinator stated that the phones are available in the case manager's office for the resident to utilize when making a 1-800 number call for reporting a sexual abuse or sexual harassment allegation. According to the PREA Coordinator, LOJJ does receive and immediately forwards these allegations calls back to the facility's Program Director via email. This auditor did conduct a "critical test call" to OJJ and the facility did receive an email from the OJJ hotline operator confirming this procedure. During the random resident interviews each one indicated that they could make this call in a private area in the case manager's office, without being heard by the staff or other residents and could remain anonymous upon request.

The PREA Coordinator did not provide to this auditor during the pre-audit phase a memorandum from the Program Director stating that within the last 12 months no residents have been housed in this facility solely for civil immigration purposes in the last 12 months. If they were, then information would be provided to them on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment, according to the PREA

Coordinator. She also indicated such during her interview and on the PAQ provided. The facility is not in compliance with this provision.

115.351 (c) RCCTH Zero Tolerance Policy states that staff will “promptly accept verbal and written reports made anonymously or by third parties and promptly document any verbal reports”. During the interview with the random staffs when asked this question, each staff stated that they would accept verbal reports of sexual abuse and sexual harassment verbally, in writing, anonymously, from third parties and would document them immediately on the agency’s incident report form. A copy of the facility’s incident report form was provided to this auditor during the pre-audit phase. The facility is in compliance with this provision.

115.351 (d) RCCTH Zero Tolerance Policy states that RCCTH “provides residents access to grievance forms, writing instruments, to privately make a written report”. During the interview with the random residents, they all indicated that they have access to paper, pencils and grievance forms if they want to report a sexual abuse and sexual harassment allegation in writing. This auditor was provided with a blank grievance form during the pre-audit phase. While on the site review this auditor observed the availability of grievance forms and pencils for the resident’s usage. During the interviews with the random staff, they all indicated that they could report a sexual abuse, sexual harassment, and retaliation allegation against a resident privately by going to the case manager’s office in person, calling them on the phone, calling the 1 800 numbers or by writing a note or grievance. The facility is in compliance with this provision.

115.351 (e) RCCTH Zero Tolerance Policy states that RCCTH shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. RCCTH PREA Coordinator stated during her interview that staff can privately report a sexual abuse and sexual harassment allegation of a resident by communicating with their supervisor privately in person, by phone, call the 1-800 hotline number, call the Office of Juvenile Justice Investigative Services number at -800-626-1430, the Shreveport Police Department and by writing a note to the supervisor. During the interview with the random staff, they corroborated this assertion and policy statement. The facility is in compliance with this provision.

This facility is not in compliance with this standard.

Corrective Action Findings: The facility need to provide to this auditor a memorandum from the Program Director attesting that RCCTH does and has not detained residents solely for immigration purposes in this facility in the last 12 months, in order to be in compliance with this standard.

Corrective Action Response: The Program Director did provide to this auditor a memorandum attesting that RCCTH does and has not detained residents solely for immigration purposes in this facility in the last 12 months.

The facility is in compliance with this standard.

115.352	Exhaustion of administrative remedies
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1484 501">115.352 (a) This standard does apply to RCCTH because they do have administrative procedures to address all resident grievances and do have an administrative remedy process to address sexual abuse. The facility is in compliance with this provision.</p> <p data-bbox="280 542 1484 949">115.352 (b) RCCTH Zero Tolerance Policy states that RCCTH “investigates all allegations of sexual abuse regardless of how much time has passed since the alleged incident”. Furthermore, the Zero Tolerance policy states that “residents are not required to use the grievance system or the informal conference request system to report an allegation of sexual abuse and are not required to attempt to resolve the allegation with staff”. A copy of the grievance policy was provided to this auditor during the pre-audit phase. During the interviews with the Program Director and the PREA Coordinator, they corroborated this policy statement as a practice of refraining from requiring a resident to use any informal grievance process in an attempt to resolve a sexual abuse or sexual harassment allegation with staff member.</p> <p data-bbox="280 990 1484 1308">The Intake staff stated during her interview that all residents, during Intake, are verbally informed of this procedure. During several of the resident interviews they stated that if they had a grievance that they would seek resolution first with a staff member, then with the supervisor, then with the Program Director. A review of the resident’s handbook does reflect the procedure of instructing the resident that they are not required to use the grievance system to report an allegation of sexual abuse or the informal conference request system to resolve the allegation with staff. The facility is in compliance with this provision.</p> <p data-bbox="280 1348 1484 1845">115.352 (c) RCCTH Zero Tolerance Policy states 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 and that such grievances are not referred to a staff member who is the subject of a complaint”. During the interviews with the PREA Coordinator and the Program Director both corroborated this policy statement as a practice of refraining from requiring a resident to use any informal grievance process in an attempt to resolve a sexual abuse or sexual harassment allegation with staff member. The Intake staff stated during her interview that all residents during Intake are verbally informed of this procedure. A review of the resident’s handbook does not reflect the procedure of instructing the resident that they are not required to submit the complaint to a staff member who is the subject of a complaint”. The facility is not in compliance with this provision.</p> <p data-bbox="280 1886 1484 2092">115.352 (d) The PREA Coordinator indicated during her interview that the agency does 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. She also acknowledged that if they determined that the 90-day timeframe is insufficient that she would make an appropriate decision, claim an extension of time of not more</p>

than 70 days, and notify the resident in writing of any such extension and provide a date by which a decision will be made. She further stated that if the resident does not receive a response, they could consider the absence of a response to be a denial at that level and can then pursue outside litigation. During the interviews of the random residents, random staff, and a review of the grievances of the past 12 months, this auditor found zero grievances for sexual abuse or sexual harassment. The facility is in compliance with this provision.

115.352 (e) RCCTH Zero Tolerance Policy states that RCCTH “accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports”. During the random staff interviews they all stated that they would receive and document all verbal allegations of sexual abuse and sexual harassment promptly. RCCTH does not publicly distribute information because they do not have a website but do have this procedure available to the public as posted on the bulletin board upon entry into the facility for 3rd party reporting. The facility is in compliance with this provision.

According to RCCTH’s Zero Tolerance Policy, 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. Third party forms were observed on and made available to the public on the bulletin board upon entry into the facility for this auditor’s review during the onsite visit. The PREA Coordinator indicated during her interview that third parties are permitted to file such requests on behalf of residents, if a resident were to decline to have a third-party request processed on his behalf, that RCCTH would document the resident’s decision. She further stated that RCCTH accepts third party allegations and grievances from anyone, this includes appeals on behalf of the resident, from a parent or legal guardian and that no grievance would be conditioned upon the resident agreeing to have a request filed on his behalf. She also stated that there were no third-party allegations of sexual abuse and sexual harassment reported in the last 12 months. The facility is in compliance with this provision.

115.352 (f) RCCTH has an open-door policy to the Program Director, the PREA Coordinator and the Case Manager’s offices where a resident can file an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse. During the interviews with the random staff, they all responded that if a resident submitted an emergency grievance or approached them indicating that they are at risk of imminent sexual abuse that they would take immediate action to keep the youth safe and immediately contact their supervisor. The Program Director, the PREA Coordinator and the Case Manager all corroborate this assertion. It was observed during the site review and throughout the onsite audit that RCCTH’s administrative staff do maintain constant communication with their direct care staff and residents. That any grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, would be immediately reviewed at the highest level of the facility and then would be forwarded to Louisiana Office of Juvenile Justice (LOJJ) and to the Shreveport Police Department (SPD) for investigating if it rises to that level. All the staff interviewed mentioned the separating of a resident from an

	<p>imminent risk of sexual abuse for safety reasons and would monitor them until the Program Director arrived on site with further instructions. The facility is in compliance with this provision.</p> <p>The PREA Coordinator also indicated during her interview that after receiving an emergency grievance, that she or the Program Director would provide an initial response to the resident within 48 hours. Because RCCTH does not conduct any investigations and any grievance related to sexual abuse and sexual harassment would be forwarded to the Shreveport Police Department (SPD) and the Louisiana Office of Juvenile Justice (LOJJ) since they are not exempt from this provision of issuing a final decision within 5 calendar days. The PREA Coordinator stated that they would provide the resident, after the initial response to their emergency grievance, with a final decision as to whether the resident is in substantial risk of imminent sexual abuse. The facility is in compliance with this provision.</p> <p>115.352 (g) RCCTH's Zero Tolerance Policy states that the agency "may discipline a resident for filing a grievance related to alleged sexual abuse if the resident filed the grievance in bad faith". The RCCTH Program Director and PREA Coordinator indicated during their interviews that no resident had been disciplined for filing any grievance in bad faith. A review of the grievances filed over the past 12 months revealed that there were zero grievances alleging sexual abuse or sexual harassment. During the interviews the random residents they all reported feeling safe at RCCTH and that they could file a sexual abuse or sexual harassment allegation without fear of retaliation. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>
--	---

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.353 (a) The RCCTH Zero Tolerance Policy states how all residents have "access to outside confidential support services related to sexual abuse and harassment. RCCTH also provides residents with access to representatives of such local, State, or national victim advocacy or rape crisis organizations". RCCTH does not and has not detained residents solely for civil immigration purposes, therefore no postings or brochures including any contact information for immigration services is required. The Program Director did not provide to this auditor a memorandum attesting to the same.</p>

The PREA Coordinator stated that the residents do have access to the phone in the case manager's office to make these calls if necessary. During the interview with the random resident, 7 of 7 residents confirmed that they believe that their call to an outside support services provider would be private and confidential. During the interview with the random staff, 9 of 9 staff interviewed confirmed that residents would be provided with a private space to make a confidential phone call to any of the agencies listed upon request.

This auditor observed during the site review in the houses the following phone numbers posted on the bulletin board:

- Louisiana Office of Juvenile Justice Hotline 1-800-626-1430
- LaFASA 24-hour Crisis Hotline 1-888-995-7273
- Project Celebration 1-888-411-1333

During the interview with the Intake staff, she indicated that residents are also provided with information about Louisiana Office of Juvenile Justice's Hotline number and brochure. The LaFASA representative reported that there were no calls on record from RCCTH in the past 12 months requesting their services. The facility is in compliance with this provision.

115.353 (b) The Intake staff indicated during her interview that the residents are informed during intake the extent to which communications with these agencies will be monitored and the extent to which reports of sexual abuse being reported to them will be forwarded to the authorities in accordance with mandatory reporting laws. During the interviews with the random staff, they all reported that they are mandated to report of sexual abuse and sexual harassment by state law and have received training on such. The intake staff and PREA Coordinator interviewed acknowledged that the residents are informed of the mandatory reporting rules governing privacy, confidentiality, and/or privileges that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. The Intake staff indicated that verbal notification would be provided to the resident before discussing sexual abuse and sexual harassment allegation with the residents. RCCTH random staff and management confirmed during their respective interviews that the resident's phone calls are not monitored or recorded. The facility is in compliance with this provision.

115.353 (c) RCCTH did provide a copy of the Memorandum of Understanding with the Project Celebration during the pre-audit phase stating that they would provide residents with confidential, emotional support and victim services related to sexual abuse and sexual harassment. Project Celebration does provide emotional support services to members of the public, including residents of RCCTH, free of charge and can also be provided in-person or by phone. The facility is in compliance with this provision.

115.353 (d) RCCTH's Zero Tolerance Policy states that RCCTH "does provide

	<p>residents with reasonable and confidential access to their attorneys or legal representation, parents, and legal guardians”. During the site review this auditor observed the area that is used for parental and legal visits. Parents, guardians and attorneys have reasonable access to the residents by contacting the facility to schedule a visit. During the random resident interviews each one explained that they could meet with their legal representatives, parents, and legal guardians in a confidential manner in the facility if required or requested by either party. The facility is in compliance with this provision.</p> <p>This facility is not in compliance with this standard.</p> <p>Corrective Action Findings: The facility must provide this auditor with a memorandum from the Program Director indicating that they have not in the last 12 months nor have they detained residents in the facility solely for civil immigration purposes in order to be in compliance with this standard.</p> <p>Corrective Action Response: The Program Director did provide to this auditor a memorandum attesting that RCCTH does and has not detained residents solely for immigration purposes in this facility in the last 12 months.</p> <p>The facility is in compliance with this standard.</p>
--	--

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354 The RCCTH Zero Tolerance Policy does describes the procedures to receive and for making a 3rd party report of sexual abuse and harassment on behalf of a resident. This auditor did not observe the facility’s 3rd party reporting procedure as posted on the bulletin board upon entry into the facility for public viewing. The PREA Coordinator did provide a copy of the 3rd party reporting form during the pre-audit phase and reported that there have been no 3rd party grievances of sexual abuse and sexual harassment filed on behalf of a resident in the last 12 months. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.361 (a) RCCTH's Zero Tolerance Policy does state that all staff "must immediately report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation whether or not it is part of the agency".

During the interviews with the random staff, they all indicated that they had a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. The facility is in compliance with this provision.

115.361 (b) RCCTH Zero Tolerance Policy states that "all staff must comply with any applicable mandatory child abuse reporting laws in Louisiana Family Code and other applicable professional licensure requirements". During the interviews with the random and specialized staff they all indicated that they are mandated by law to report sexual abuse allegations against a resident to the facility, to LOJJ and to SPD. The facility is in compliance with this provision.

115.361 (c) RCCTH Zero Tolerance Policy states that "staff are 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". During the interviews with the random staff, they all indicated that they would not inform other staff of an incident of sexual abuse or sexual harassment against a resident other than the extent necessary to make treatment, investigation and other security and management decisions. The facility is in compliance with this provision.

115.361 (d) RCCTH does not have any medical or mental health practitioners but the Program Director and PREA Coordinator both reported that if they employed such practitioners that they would be required to any report sexual abuse allegation to a supervisor, or the Program Director, pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws. They further stated that would be required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services provided. The facility is in compliance with this provision.

115.361 (e) Upon receiving any allegation of sexual abuse, the Program Director and the PREA Coordinator both stated during their interviews that they would promptly report an allegation of sexual abuse to the Louisiana Office of Juvenile Justice (LOJJ), to the Shreveport Police Department (SPD), the parents, guardians of the resident, and if on probation, to the juvenile court of jurisdiction including the probation officer and the resident's attorney of record. The facility is in compliance with this provision.

115.361 (f) RCCTH does not have facility designated investigators so all allegations

	<p>of sexual abuse and sexual harassment, including 3rd party reports, are immediately reported to LOJJ and the SPD which are the designated investigation agencies. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard</p> <p>Corrective Acton Required: None</p>
--	---

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.362 (a) RCCTH Zero Tolerance Policy states that “upon receipt a resident is subject to a substantial risk if imminent sexual abuse, RCCTH staff shall take immediate action to protect the youth”. During the interviews of the random staff and specialized staff they all described their responsibility and understanding that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, that they must take immediate action to protect the resident. Because the facility does not utilize isolation, keeping the resident safe means separating the alleged victim from the alleged perpetrator, making housing reassignment, providing one on one supervision, and or remove the other person who is causing the imminent risk of sexual abuse or sexual harassment from the facility, according to the PREA Coordinator. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action: None</p>

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.363 (a)The RCCTH Zero Tolerance Policy does state that RCCTH must immediately notify the agency head of the facility or appropriate office of the agency where the abuse occurred and that the head of the facility that receives the allegation would also notify the appropriate investigative agency.” The PREA Coordinator and the Program Director stated during their interview that she had not received an allegation from a resident during intake alleging that they were sexually abused at another facility in the last 12 months. They further stated that if they received an allegation that they would immediately contact the head of the facility or appropriate office of the agency where the alleged abuse occurred according to</p>

	<p>these provisions. The facility is in compliance with this provision.</p> <p>115.363 (b) The Program Director stated during her interview that she would make notification to the head of the facility where the abuse allegedly occurred within 72-hours after receiving the allegation. The Program Director stated during her interview that she had not received an allegation from a resident during intake alleging that they were sexually abused at another facility in the last 12 months. The facility is in compliance with this provision.</p> <p>115.363 (c) The Program Director stated during her interview that she would document the notification of sexual abuse related to another facility and maintain a record of it. The Program Director stated during her interview that if she had not received an allegation from a resident during intake alleging that they were sexually abused at another facility in the last 12 months The facility is in compliance with this provision.</p> <p>115.363 (d) The Program Director indicated during her interview that although there has not been an allegation made in the last 12 months, that she, during the notification process to the facility’s head, would ask the facility head to ensure that it be investigated according to this standard. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
--	--

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.364 (a) RCCTH Zero Tolerance Policy states that “ upon learning a resident was sexually abused, the first staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and 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”. During the interviews with the all of the random staff and first responders, they all indicated that they would separate the alleged victim and alleged abuser, preserve, protect the crime scene and evidence, and instruct the alleged victim and abuser not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The facility is in compliance with this provision.</p>

	<p>115.364 (b) The PREA Coordinator stated during her interview that all RCCTH staff, including non-security staff, are trained as first responders and have the responsibility to separate the alleged victim from imminent risk, request that the alleged victim not take any actions that could destroy physical evidence as stated above, and then report the incident per policy to the Program Director. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
--	--

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.365 (a) The RCCTH Zero Tolerance Policy does state that they “will maintain a written plan to coordinate the actions taken among first responders, mental health staff, administrators, and leadership”. The PREA Coordinator stated during her interview that she has developed and implemented the facility’s coordinated response plan in writing and did provide a copy of this written plan to this auditor during the pre-audit phase. The Program Director corroborated this policy requirement during her interview. During the pre-audit phase the PREA Coordinator also provided this auditor with a copy of their written response plan in response to a sexual abuse allegation. During the interviews with the random and first responder staff they all described the responsibilities direct care and management staff in the event of a sexual abuse or sexual harassment allegation e.g., contact a supervisor, contact law enforcement who would transport the sexual abuse victim to the hospital, etc. in accordance to the written response plan. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366 (a) RCCTH Zero Tolerance Policy states that RCCTH “shall not enter into any agreement that limits its ability to remove alleged staff sexual abusers from contact</p>

	<p>with a resident pending the outcome of an investigation or determination of whether and to what extent discipline is warranted”. The Program Director indicated during her interview that RCCTH does not employ unionized employees therefore they do not participate in collective bargaining and that she can remove an alleged sexual abuser from having contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Upon review of the employee’s files there was no indication that if discipline was warranted, including removing an alleged sexual abuse staff member from contact with a resident or that RCCTH was prevented from doing so due to a collective bargaining agreement. A review of the contractual agreements with the Louisiana Office of Juvenile Justice (LOJJ)) reflects that it does not prevent RCCTH from removing an alleged staff sexual abuser from contact with a resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility is in compliance with this provision.</p> <p>115.366 (b) RCCTH Zero Tolerance states that nothing in this standard shall restrict the entering into or renewal of agreements that govern the conduct of the disciplinary process , as long as such agreements are not inconsistent with the provisions of 115.372 and 115.376; or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated. The RCCTH Program Director and the PREA Coordinator both indicated during their interviews that the contractual agreement with LOJJ and DCFS as it pertains to the disciplinary process of a staff is not inconsistent with the provisions 115.372 and 115.376 of this Standard. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
--	--

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.367 (a) RCCTH Zero Tolerance Policy states that “retaliation by a resident against a residents and staff member who report sexual abuse or sexual harassment or cooperate with an investigation is strictly prohibited”. The PREA Coordinator stated during her interview that she and the staff supervisor are the staff designated to monitor for retaliation against staff and residents that report sexual abuse or sexual harassment. The facility is in compliance with this provision.</p> <p>115.367(b) RCCTH Zero Tolerance Policy states that states they “will use multiple protection measures to protect the resident and staff from retaliation, such as housing transfers, removal of the alleged abuser from contact with the alleged</p>

victim, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations". During the interview with the staffs designated to monitor for retaliation they both indicated that they would protect the victim by reassigning the alleged abuser to another suite (room), remove an alleged staff abuser or place them on administrative leave and would provide emotional support services for resident or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. The facility is in compliance with this provision.

115.367(c) RCCTH Zero Tolerance Policy states that " for at least 90 days (except when the allegation is unfounded), the designated staff members would monitor the reporter and the alleged victim for signs of retaliation including items such as conduct and treatment of the resident or staff who reported the sexual abuse to see if there are any changes to suggest possible retaliation by residents or staff disciplinary reports, housing or program changes, staff reassignments, negative performance reviews and conducts periodic status checks on the alleged victim". During the interviews with the PREA Coordinator and the designated to monitor for retaliation, they all indicated that they would also monitor in all of the areas as stated above to protect the staff or resident who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. They further stated that for at least 90 days following a report of sexual abuse that they would monitor the resident program changes, the reassignment of staff and would continue the monitoring beyond 90 days if the initial monitoring indicates a continuing need. RCCTH did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision.

115.367(d) RCCTH Zero Tolerance Policy states that they would "conduct periodic status checks on the alleged victim". During the interview with the PREA Coordinator and the designated staff to monitor for retaliation, they all indicated that they would conduct period status checks on the alleged victim daily. RCCTH did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision.

115.367 (e) RCCTH Zero Tolerance Policy states that "if any other individual cooperates with an investigation expresses fear of retaliation, they will take appropriate measures to protect that individual against retaliation". During the interview with the PREA Coordinator and the designated staff to monitor for retaliation, they all indicated that if any other individual who cooperated with an investigation expresses fear of retaliation, that they would take appropriate measures to protect them also against retaliation. RCCTH did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision.

115.367(f) RCCTH Zero Tolerance Policy states that RCCTH's obligation to monitor for retaliation shall terminate if the agency determines that the allegation is unfounded. RCCTH's PREA Coordinator stated during her interview that in the last 12 months there was no monitoring for retaliation against a staff or resident. A review of the staff and residents' records corroborated this assertion. The facility is

	<p>in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
--	---

115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.367 (a) RCCTH Zero Tolerance Policy states that “RCCTH does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse”. The PREA Coordinator and the designated staff assigned to monitor against retaliation all stated during their interviews that RCCTH does not use segregated housing and if the need ever arises for protecting a resident alleged to have suffered sexual abuse, that they would place the resident in another suite (room), ensure their safety and monitor them daily. A memorandum from the Program Director attesting to this assertion was provided to this auditor. During the site review and a review of the facility’s schematics, this auditor did not observe any areas in the facility that were designated or could be used to segregate a resident alleged to have suffered sexual abuse, for their protection. There was no indication of such during the review of the resident’s files over the last 12 months. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.371 (a) RCCTH Zero Tolerance Policy states that “RCCTH does not conduct its own criminal or administrative investigations”. Criminal investigations are conducted by the Shreveport Police Department (SPD) and administrative investigations are conducted by the Louisiana Office of Juvenile Justice (LOJJ). The PREA Coordinator did provide to this auditor during the pre-audit phase a copy of a memorandum from the Program Director outlining LOJJ and SPD responsibilities for conducting this facility’s sexual abuse and sexual harassment administrative and criminal investigations as applicable. The facility is in compliance with this provision.</p>

115.371 (b) RCCTH Zero Tolerance Policy states that “RCCTH does not conduct its own criminal or administrative investigations. Criminal investigations are conducted by the Shreveport Police Department (SPD) and administrative investigations are conducted by the Louisiana Office of Juvenile Justice (LOJJ). The PREA Coordinator indicated during her interview that RCCTH and SPD personnel, to her understanding, have received training in conducting sexual abuse and sexual harassment investigations involving juvenile victims. The facility is in compliance with this provision.

115.371 (c) RCCTH Zero Tolerance Policy states that they do not conduct their own criminal or administrative investigations. Criminal investigations are conducted by the Shreveport Police Department (SPD) and administrative investigations are conducted by the Louisiana Office of Juvenile Justice (LOJJ). The PREA Coordinator indicated during her interview that she believes that both the LOJJ and SPD’s investigators would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview all alleged victims, suspected perpetrators and witnesses and would review all prior reports and complaints of sexual abuse involving the suspected perpetrator. The facility is in compliance with this provision.

115.371 (d) The Program Director and the PREA Coordinator stated during their interviews that to their knowledge LOJJ and the SPD would refrain from terminating an investigation solely because the source of the allegation recants the allegation. The facility is in compliance with this provision.

115.371 (e) The Program Director and the PREA Coordinator stated during their interviews that to their knowledge the Shreveport Police Department (SPD) and Louisiana Office of Juvenile Justice (LOJJ) would conduct interviews of all alleged victims, suspected perpetrators and witnesses as an agency practice and refer those cases where the evidence appears to support criminal prosecution to the local and or state prosecutor. Since SPD does conduct the criminal investigations, the PREA Coordinator believes that they should confer with the prosecutor first before conducting compelled interviews. These types of interviews would be determined by the investigative entities. The facility is in compliance with this provision.

115.371 (f) The PREA Coordinator stated during her interview that she believes that the Shreveport Police Department (SPD) would assess the credibility of an alleged victim, suspect, witness on an individual basis and not on the basis of the individual’s status as a resident or staff and that the resident would not be required to submit to a polygraph examination or other truth telling device as a condition for proceeding. The facility is in compliance with this provision.

115.371 (g) The PREA Coordinator stated during her interview that she believes that the Louisiana Office of Juvenile Justice (LOJJ), who conducts administrative investigations, to her knowledge, would include an effort to determine whether staff actions or failures to act contributed to the abuse. All administrative investigations are documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind the credibility assessment

and the investigative facts and findings. RCCTH reported one Unfounded allegation for sexual abuse and zero allegations for sexual harassment in the last 12 months. All investigative reports were reviewed and provided to this auditor during the pre, onsite and post-audit phases. The facility is in compliance with this provision.

115.371 (h) Since RCCTH does not conduct any type of investigation and in the last 12 months there were no criminal investigations conducted by the Shreveport Police Department (SPD). The PREA Coordinator stated during her interview that she believes that all criminal investigations would be documented in written reports that include a thorough description of the physical evidence and testimonial evidence, the reasoning behind the credibility assessment and the investigative facts and findings. The facility is in compliance with this provision.

115.371 (i) The PREA Coordinator stated during her interview that she believes that the Shreveport Police Department (SPD), who conducts all criminal investigations, would refer them for prosecution. RCCTH does not conduct any type of investigation and in the last 12 months there were no criminal investigations conducted by the SPD. The facility is in compliance with this provision.

115.371 (j) RCCTH Zero Tolerance Policy states that they “maintains all written criminal and administrative reports for as long as the alleged abuser is in their program or employed by them, plus at least 5 years”. The PREA Coordinator stated during her interview RCCTH will maintain all written criminal and administrative reports in accordance to this provision of at least 5 years. The facility is in compliance with this provision.

115.371 (k) RCCTH Zero Tolerance Policy states that they would encourage the LOJJ and the SPD not to terminate an investigation solely on the basis that the alleged abuser or victim is no longer in their program or employed. This auditor found no evidence of LOJJ and or the SPD doing such during the staff and resident file review while onsite. The facility is in compliance with this provision.

115.371 (l) RCCTH Zero Tolerance Policy states that the Louisiana Office of Juvenile Justice (LOJJ) is the State entity that shall conduct their administrative investigations pursuant to the above requirements. There is no Department of Justice component that conducts any investigation in this facility. The Facility Director and the PREA Coordinator corroborated this assertion. The facility is in compliance with this provision.

115.371 (m) RCCTH Zero Tolerance Policy states that “would cooperate with the LOJJ and the SPD investigators and will attempt to remain informed about the progress of the investigation”. The PREA Coordinator indicated during her interview that she would fully cooperate with LOJJ and the SPD regarding any investigation being conducted for sexual abuse and harassment and would remain involved until the investigation was completed. The facility is in compliance with this provision.

The facility is in compliance with this standard.

Corrective Action Required: None

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1477 707">115.372 (a) RCCTH Zero Tolerance Policy states that all “allegations of sexual abuse or sexual harassment findings must be based on a preponderance of evidence”. The Program Director and the PREA Coordinator both corroborated that policy statement and indicated during their interviews that there was 1 administrative investigation conducted by OJJ in the last 12 months, which was unfounded, and that the finding was based on the preponderance of evidence. Though the Program Director did attest to this assertion and she did not provide to this auditor a memorandum to corroborate this assertion for triangulation purposes. The facility is not in compliance with this provision.</p> <p data-bbox="280 748 991 784">The facility is not in compliance with this standard</p> <p data-bbox="280 824 1465 936">Corrective Action Required: None The Program Director must provide to this auditor a memorandum attesting that all investigation findings will be based on the preponderance of evidence in order to be in compliance with this standard.</p> <p data-bbox="280 976 1390 1088">Corrective Action Response: The Program Director did provide to this auditor a memorandum attesting that all investigation findings will be based on the preponderance of evidence.</p> <p data-bbox="280 1128 943 1164">The facility is in compliance with this standard.</p>

115.373	Reporting to residents
	<p data-bbox="280 1442 983 1478">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1518 564 1554">Auditor Discussion</p> <p data-bbox="280 1594 1477 2007">115.373 (a) RCCTH’s Zero Tolerance Policy states that “until a resident is discharged from the facility, RCCTH will document all notifications and attempted notifications following an investigation into a resident’s allegation of sexual abuse suffered in this facility. This would include whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded”. The Program Director and the PREA Coordinator both indicated during their interviews that there was one resident who alleged sexual abuse by a staff in the last 12 months, which resulted in an administrative investigation being conducted and the findings was Unfounded. A review of the residents’ file revealed that the resident was notified of the findings. The facility is in compliance with this provision.</p> <p data-bbox="280 2047 1342 2083">115.373 (b) RCCTH Zero Tolerance Policy states that “following a resident’s</p>

allegation that a staff member will request the information from the investigating agency so the resident may be informed.” The Program Director and the PREA Coordinator both stated during their interviews that they would always request information from the Louisiana Office of Juvenile Justice (LOJJ) and from the Shreveport Police Department (SPD) to inform the resident of the investigation’s outcome. There was one administrative investigation and zero criminal investigations conducted in the last 12 months. The investigative report and other pertinent information, according to the PREA Coordinator, was requested and received from LOJJ, of which this auditor reviewed during the onsite audit. The facility is in compliance with this provision.

115.373 (c) RCCTH Zero Tolerance Policy states that “that following a resident’s allegation that a staff member committed sexual abuse against the resident, RCCTH informs the resident whenever the following events occur, except when the allegation is determined to be unfounded, or unless the resident has been released from the program, that they will inform the resident whenever:

- The staff member is no longer posted within the residents housing unit
- The staff member is no longer employed at the facility
- RCCTH learns that the staff member has been indicted on a charge related to sexual abuse
- Or RCCTH learns that the staff member has been convicted on a charge related to the sexual abuse

The PREA Coordinator stated during her interview that the resident who alleged the staff on resident sexual abuse allegation was notified that this allegation was unfounded, in the last 12 months. The facility is in compliance with this provision.

115.373 (d) RCCTH Zero Tolerance Policy states that “following a resident’s allegation that she has been sexually abused by another resident, RCCTH informs the alleged victim whenever the following events occur:

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

The PREA Coordinator stated during her interview that the unfounded resident-on-resident sexual abuse allegation that occurred in the last 12 months, the resident was notified and that there was no indictment or conviction that occurred thereafter. The facility is in compliance with this provision.

115.373 (e) The PREA Coordinator stated during her interview that she has and would continue to document and or attempt all notifications to residents regarding the outcome of an administrative or criminal sexual abuse investigation. The facility is in compliance with this provision.

	<p>115.373 (f) RCCTH Program Director and the PREA Coordinator both indicated during their interview that RCCTH’s obligation to report under this standard shall terminate if the resident is released from RCCTH’s care and custody. A review of the resident’s file indicated that RCCTH has not terminated reporting under this provision because of the release of a resident, thereby meeting their obligation. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
--	--

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376 (a) RCCTH’s Zero Tolerance Policy states that “staff members are subject to disciplinary sanctions up to and including termination of employment for violating RCCTH sexual abuse or sexual harassment policies”. The PREA Coordinator stated during her interview that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. The Program Director did provide this auditor with a memorandum attesting to this assertion. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.</p> <p>115.376 (b) RCCTH’s Zero Tolerance Policy states that “termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse”. The PREA Coordinator stated during her interview that there have been no staff disciplinary actions, including termination, taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.</p> <p>115.376 (c) RCCTH’s Zero Tolerance Policy states that “disciplinary sanctions for violations of RCCTH policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PREA Coordinator stated during her interview that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.</p>

	<p>115.376 (d) RCCTH's Zero Tolerance Policy states that "RCCTH reports the following actions to any relevant licensing bodies:</p> <ul style="list-style-type: none"> · Terminations of employment for violations of agency sexual abuse or sexual harassment policies; and · Resignations by staff members who would have been terminated if they had not resigned. <p>The PREA Coordinator stated during her interview that there have been no staff resignations or disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
--	---

115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.377(a) RCCTH Zero Tolerance Policy states that "if a contractor or volunteer engages in sexual abuse, RCCTH will:</p> <ul style="list-style-type: none"> · Prohibit the contractor or volunteer from having any contact with RCCTH resident. · And report the findings of abuse to any relevant licensing bodies. <p>The PREA Coordinator stated during her interview that there have been no contractors and or volunteer disciplinary actions taken against any in the last 12 months for violating the Zero Tolerance policy. A review of the contractor and volunteer files revealed that no contractor or volunteer has been employed or provided service to residents in this facility in the last 12 months nor had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.</p> <p>115.377(b) RCCTH's Zero Tolerance Policy states that "if a volunteer or contractor violates RCCTH sexual abuse or sexual harassment policies but does not actually engage in sexual abuse, RCCTH takes appropriate remedial measures and considers whether to prohibit further contact with RCCTH resident". The PREA Coordinator stated during her interview that there have been no contractor and or volunteer disciplinary actions taken against them in the last 12 months for violating the Zero Tolerance policy. A review of the contractor and volunteer files revealed that no</p>

	<p>contractor or volunteer has been employed or provided service to residents in this facility in the last 12 months nor had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard</p> <p>Corrective Action Required: None</p>
--	---

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.378 (a) RCCTH's Zero Tolerance Policy states that states "a resident may be subject to disciplinary sanctions for engaging in sexual abuse only when:</p> <ul style="list-style-type: none"> · There is a criminal finding of guilt or an administrative finding that the resident engaged in resident-on-resident sexual abuse and · the discipline is determined through a due process hearing. <p>The PREA Coordinator stated during her interview that zero residents had received disciplinary sanctions against them in the last 12 months for engaging in sexual harassment for violating the Zero Tolerance policy. A review of the resident files revealed that zero residents in the last 12 months had received disciplinary sanctions against them for engaging in sexual harassment. The facility is in compliance with this provision.</p> <p>115.378 (b) RCCTH Zero Tolerance Policy states that "any disciplinary sanctions are 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. The PREA Coordinator stated during her interview that there has been no disciplinary sanction taken against a resident in the last 12 months for engaging in sexual harassment, and if there was one, no resident would be:</p> <ul style="list-style-type: none"> · Denied daily large muscle exercise · Denied legally required educational programming or special education services · Denied daily visits from a medical or mental health care clinician · Denied access to other programs and work opportunities <p>A review of the resident files revealed that zero residents in the last 12 months had no disciplinary sanction against her for engaging in sexual abuse or sexual harassment behavior, therefore violating the facility's zero tolerance policy. The facility is in compliance with this provision.</p>

115.378 (c) RCCTH Zero Tolerance Policy states that “when determining what types of sanctions, if any, should be imposed, that RCCTH would consider whether a resident’s mental disabilities or mental illness contributed to her behavior”. The PREA Coordinator stated during her interview that there have been zero disciplinary sanctions taken against a resident in the last 12 months for engaging in sexual harassment and that RCCTH would consider whether the resident’s mental disabilities or mental illness contributed to that behavior when imposing disciplinary sanctions. The facility is in compliance with this provision.

115.378 (d) RCCTH’s Zero Tolerance Policy states the facility does “offer resident abusers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. RCCTH may require participation in such counseling and interventions as a condition of access to behavior-based incentives, but not as a condition to access general programming or education”.

During the interview with the PREA Coordinator indicated that the offer of therapy, counseling, or other intervention services to an offending resident, as well as to the victim, would be provided and that such participation in these interventions would not be a condition of access to any reward-based behavior management systems or other behavior-based incentives. She further stated that they do refrain from requiring a resident to participate in these services as a condition to access general programming and educational services. A review of the resident files revealed that no resident had been offered therapy, counseling or intervention services in the last 12 months. The facility is in compliance with this provision.

115.378 (e) RCCTH’s Zero Tolerance Policy states “a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact”. During the interview with the PREA Coordinator she stated that no resident had been disciplined in the last 12 months for sexual contact with a staff member that did not consent to such contact. A review of the resident files revealed that no resident had been disciplined in the last 12 months for sexual contact with a staff member that did not consent to such contact. The facility is in compliance with this provision.

115.378 (f) RCCTH’s Zero Tolerance Policy states RCCTH “may not discipline a resident if the resident made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred not constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation”. A review of the resident file revealed that no resident had been disciplined in the last 12 months for making a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred. The facility is in compliance with this provision.

115.378 (g) RCCTH’s Zero Tolerance Policy states that RCCTH “may also discipline a resident for engaging in prohibited sexual activity that does not meet the definition of abuse”. During the interview with the PREA Coordinator she stated that no resident had been disciplined for engaging in prohibited sexual activity that does not meet the definition of sexual abuse. A review of the resident file revealed that

	<p>no resident had been disciplined in the last 12 months for engaging in prohibited sexual activity that does not meet the definition of abuse. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
--	---

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.381 (a) RCCTH Zero Tolerance Policy states that “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, that staff would ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening”. The intake staff indicated that they currently do not have an objective screening tool to make these types of assessments in accordance with 115.341. During the interview with the Intake staff, she stated during her interview that there had been 3 residents in the last 12 months who indicated a prior sexual victimization in an institutional or community setting during the intake screening. A review of the resident files revealed that 3 residents did indicate during the intake screening that they had experience a prior sexual victimization, whether it occurred in an institutional setting or in the community and they were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This auditor interviewed one of the residents and confirmed that on the 14th day she did have a follow up meeting with a medical practitioner at the Willis Knighton hospital. The facility is in compliance with this provision.</p> <p>115.381 (b) RCCTH Zero Tolerance Policy states that “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, that staff would ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening”. During the interview with the Intake staff, she stated during her interview that there had been no residents in the last 12 months who had previously perpetrated a sexual abuse in an institutional or community setting, as documented during the intake screening, required a referral to medical or mental health practitioner. A review of the resident files revealed that no resident had perpetrated a sexual abuse, whether it occurred in an institutional setting or in the community, was offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility is in compliance with this provision.</p>

	<p>115.381 (c) The PREA Coordinator, PREA Coordinator and the Intake staff all indicated during their interviews that any related sexual victimization or abusiveness that may occur in an institutional setting is strictly limited to mental health practitioners and the administrative management staff as necessary to inform them of treatment plans, security management decisions including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. A review of the resident files revealed that no resident had any related sexual victimizations or abusiveness that occurred in an institutional setting or in the community, requiring a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During the interviews with the random staff, they all indicated that they are only informed about a resident’s treatment plans and security management decisions as it pertains to housing, bed, work, education and program assignments. The facility is in compliance with this provision.</p> <p>115.381 (d) RCCTH’s Zero Tolerance Policy states that “medical and mental health practitioners must obtain informed consent from resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18”. A review of the resident’s files revealed that some of the residents in RCCTH are under the age of 18 and others are over 18 and therefore RCCTH mandated by law to report any prior sexual abuse that did occur in an institutional setting. The PREA Coordinator, PREA Coordinator and the Intake staff both indicated during their interviews that they are mandated to report sexual abuse of a resident whether it occurred in an institutional setting or in the community. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>
--	---

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.382 (a) RCCTH Zero Tolerance Policy states that “resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement”. The PREA Coordinator and the PREA Coordinator stated during their interviews that a resident victim will receive and be provided timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. A review of the Memorandum of Understanding from Project Celebration substantiated their assertion. The facility is in compliance with</p>

this provision.

115.382 (b) RCCTH Zero Tolerance Policy states that “If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, staff first responders take preliminary steps to protect the victim and must immediately notify the appropriate medical and mental health practitioner”. The PREA Coordinator indicated during her interview that all staff have been trained as first responders who will immediately take steps to protect the victim, contact the PREA Coordinator, the Program Director and the Shreveport Police Department (SPD), who would take the victim to the Willis Knight hospital for medical and mental health care through the Project Celebration’s consortium services. During the interviews with the random staff and first responders, they all indicated that when they become aware that of a sexual abuse allegation, they would separate a victim from the perpetrator, preserve the evidence if applicable, contact their supervisor, call the hotline number, call law enforcement and keep the resident near them until their supervisor and law enforcement arrives. RCCTH reported one unfounded allegation of sexual abuse and zero allegations of sexual harassment in the last 12 months. A review of the employee and resident records corroborates this assertion. The facility is in compliance with this provision.

115.382(c) RCCTH’s Zero Tolerance Policy states that “resident are provided timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate”. During the interview with the PREA Coordinator, she stated that the Willis Knight hospital provision of services in conjunction with Project Celebration, would provide timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis to the resident victim. A review of the Memorandum of Understanding with the Project Celebration’s provision of services through the Willis Knight hospital substantiated her assertion. This is an all-female facility. The facility is in compliance with this provision.

115.382 (d) RCCTH’s Zero Tolerance Policy “RCCTH provides treatment services to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident”. The Willis Knight hospital’s SANE Nurse representative also indicated during her interview that forensic medical services are provided at no cost to a resident victim. A review of the Memorandum of Understanding with Project Celebration supports the SANE nurse representative's assertion. The PREA Coordinator also stated during her interview that the above services are provided at no cost to a resident victim. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action Required: None

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 315 564 342">Auditor Discussion</p> <p data-bbox="280 389 1458 672">115.383(a) RCCTH’s Zero Tolerance Policy states that “RCCTH 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”. The PREA Coordinator indicated during her interview that appropriate medical and mental health evaluations and treatment will be provided to all residents who have been victimized by sexual abuse in a juvenile facility. The facility is in compliance with this provision.</p> <p data-bbox="280 712 1469 1120">115.383(b) RCCTH Zero Tolerance Policy states that “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”. The PREA Coordinator indicated during her interview that residents, as appropriate, would receive follow-up services, treatment plans, and, when necessary, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. A review of the resident files indicated that no resident needed follow up services due to sexual abuse when released from the facility. The facility is in compliance with this provision.</p> <p data-bbox="280 1160 1461 1402">115.383(c) RCCTH’s Zero Tolerance Policy states that states that “RCCTH provides such victims with medical and mental health services consistent with the community level of care”. The PREA Coordinator that the medical and mental health services that a resident sexual abuse victim would receive is consistent with the community level of care since they would be provided at the Willis Knight hospital in the community. The facility is in compliance with this provision.</p> <p data-bbox="280 1442 1481 1765">115.383 (d) RCCTH is an all-female facility, however in the event of the presence of a transgender male, the PREA Coordinator indicated during her interview that a pregnancy test would be appropriate following any sexually abusive vaginal penetration. The SANE nurse at the Willis Knight hospital confirmed that they would offering pregnancy test, providing timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections to a sexual abuse victim resident as part of their protocol. The facility is in compliance with this provision.</p> <p data-bbox="280 1805 1481 2087">115.383 (e) RCCTH is an all-female facility, however in the event of the presence of a transgender male with female genitals, the PREA Coordinator indicated during her interview that a resident would receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services following any sexually abusive vaginal penetration. The SANE nurse at Willis Knight hospital confirmed that they would offering pregnancy test, providing timely and comprehensive information about and to all lawful pregnancy related medical</p>

	<p>services, and testing for sexually transmitted infections to a sexual abuse victim resident as part of their protocol. The facility is in compliance with this provision.</p> <p>115.383 (f) RCCTH Zero Tolerance Policy states that “RCCTH will ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse while in their facility”. The SANE nurse at Willis Knight Hospital confirmed that they would ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse. A review of the resident files revealed that no resident had been referred to the Willis Knight hospital for tests for sexually transmitted infections as a sexual abuse victim. The facility is in compliance with this provision.</p> <p>115.383 (g) RCCTH’s Zero Tolerance Policy states that “RCCTH provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.” the PREA Coordinator indicated during her interview that all services received by a resident referred to the Willis Knight hospitals would be at no cost to the resident. A review of the resident files revealed that no resident had been referred to the Willis Knight hospitals for any of their services in the last 12 months. There were no residents in the population to interview who had been referred to the Willis Knight hospital in the last 12 months. The facility is in compliance with this provision.</p> <p>115.383(h) RCCTH Zero Tolerance Policy states that “RCCTH attempts 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”. These services would be sought through Project Celebration. The PREA Coordinator did indicate during her interview that once they learn or become aware of a known resident or resident abuser’s abuse history, that within 60 days they would refer the resident to mental health practitioners. She also stated that they would seek a mental health evaluation and the offer treatment, upon learning of such abuse history, through Project Celebration. A review of the resident’s files revealed that no such evaluation has occurred on a resident abuser in the last 12 months. This facility is in compliance with this provision.</p> <p>The facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
--	--

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386 (a) RCCTH’s Zero Tolerance Policy states that “RCCTH 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</p>

been determined to be unfounded". The PREA Coordinator stated during her interview that a sexual abuse incident review would be conducted at the conclusion of every sexual abuse investigation, including for allegations that are Substantiated and Unsubstantiated, unless the allegation has been determined to be Unfounded. RCCTH reported one allegation for sexual abuse that was unfounded and zero allegations for sexual harassment. The unfounded sexual abuse allegation was investigated administratively. There were no criminal investigations for sexual abuse and sexual harassment to be reviewed in the last 12 months. Because of this, the PREA Coordinator did not provide this auditor with sexual abuse review team meeting notes because none were held for the unfounded sexual abuse allegation had occurred. A review of the resident, employee and investigative records revealed that there were zero Unsubstantiated, zero Substantiated allegations of sexual harassment and one Unfounded allegation of sexual abuse that occurred in the last 12 months. The facility is in compliance with this provision.

115.386 (b) RCCTH Zero Tolerance Policy states that RCCTH conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, within 30 days, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PREA Coordinator indicated that there was one sexual abuse incident review in the last 12 months, which was unfounded, and that no sexual abuse review occurred within 30 days of the investigative findings. A review of the resident, employee and investigative records revealed that there were zero Unsubstantiated allegations, zero Substantiated allegations of sexual abuse and sexual harassment and one Unfounded allegation for sexual abuse that occurred in the last 12 months. The facility is in compliance with this provision.

115.386 (c) The RCCTH incident review team includes upper-level management officials, with input from line supervisors, investigators, and outside medical or mental health practitioners. The RCCTH team consists of the following individuals:

- a. Program Director
- b. PREA Coordinator
- c. The Staff Supervisor
4. Case Manager
5. Service Plan Coordinator

During the interviews with the PREA Coordinator she stated that once a meeting would convene, that input would be provided by them regarding how to prevent further incidents of sexual abuse and sexual harassment from occurring. A review of the resident, employee and investigative records revealed that there were zero Unsubstantiated, zero Substantiated allegations of sexual abuse and sexual harassment and one Unfounded allegation for sexual abuse that occurred in the last 12 months. This auditor interviewed a member of the sexual abuse review team during the onsite audit of which she corroborated this assertion. Memorandums

were provided to this auditor by the PREA Coordinator indicating that no SART meeting was held for a substantiated or unsubstantiated sexual abuse or sexual harassment allegation in the last 12 months. The facility is in compliance with this provision.

115.386(d) RCCTH Zero Tolerance Policy states that RCCTH would:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- 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 Coordinator.

Memorandums were provided to this auditor by the PREA Coordinator indicating that no SART meeting was held for a substantiated or unsubstantiated sexual abuse or sexual harassment allegation in the last 12 months. The facility is in compliance with this provision.

115.386 (e) RCCTH Zero Tolerance Policy states that “RCCTH would submit a report of its findings to the Program Director and other appropriate staff to implement the recommendations for improvement or document its reasons for not doing so”. The PREA Coordinator stated that since there were no SART meeting held in the last 12 months the committee did not meet, completed a report of their findings nor make any recommendations for any improvements required to deter or prevent any type of incident from occurring. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action Findings: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.387(a) RCCTH's Zero Tolerance Policy states that "RCCTH 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 PREA Coordinator indicated during her interview that they will collect accurate data on every allegation in the facility but since they do not contract with another agency for the residential care of their residents, they will use a standardized instrument and set of definitions in the collection of this data. They currently have only the one facility and there have been one unfounded sexual abuse allegation and zero sexual harassment allegation in the last 12 months. She further stated that she has documented the 2023 data, which is zero, on a spreadsheet for reporting purposes. The PREA Coordinator did provide this auditor with a copy of this spreadsheet during the onsite audit. The facility is in compliance with this provision.

115.387 (b) RCCTH Zero Tolerance Policy states that "RCCTH collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the data at least once each year". During the interviews with the PREA Coordinator and the Program Director it was ascertained that they had aggregated the data annually that occurred for calendar year of 2023 and 2024 since this is their first PREA audit. RCCTH only have this one facility and there have been only 1 unfounded sexual abuse and zero sexual harassment allegations in the last 12 months to report. This facility is in compliance with this provision.

115.387 (c) The PREA Coordinator and the Program Director both indicated during their interviews that they do not participate in the Survey of Sexual Violence conducted by the Department of Justice (DOJ) but if they did, their incident-based data would include the data necessary to answer the questions on the said survey. The facility is in compliance with this provision.

115.387 (d) The PREA Coordinator and the Program Director both indicated during their interviews that they would maintain, review, and collect data as needed from available incident-based documents, including reports, investigation files and sexual abuse incident reviews. They further indicated that data has been collected for the 1 unfounded sexual abuse and the zero sexual harassment allegation that has occurred in the facility in the last 12 months in the resident's file. The facility is in compliance with this provision.

115.387 (e) The PREA Coordinator and the Program Director both indicated during their interviews that they do not contract for the confinement of their residents with another private facility. The facility is in compliance with this provision.

115.387 (f) The PREA Coordinator and the Program Director both indicated during their interviews that they would provide, upon request, all such data from the previous calendar year to the Department of Justice no later than June 30. They further stated that DOJ has not requested agency data in the last 3 years as well as

	<p>in the 12 months. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Findings: None</p>
--	---

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.388 (a) The PREA Coordinator stated during her interview that she has reviewed any and all 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:</p> <ul style="list-style-type: none"> · Identifying problem areas · Taking corrective action on an ongoing basis. <p>She stated that she has collected and prepared monthly, not annual reports for 2023 of her findings (from February thorough December 2023) and that she made no recommendation to the Program Director of any corrected actions required for the facility. She further stated that the during the previous 3 years there were no sexual abuse and sexual harassmt allegations. The facility is not in compliance with this provision.</p> <p>115.388 (b) The PREA Coordinator stated during her interview although she did complete monthly, not annual reports for 2023, since this is their first PREA audit, going forward, she will compare of the current year’s data and corrective actions, which is one, with those in the future years to provide an assessment of the agency’s progress in addressing sexual abuse. The facility is not in compliance with this provision as indicated per 115.388 (a).</p> <p>115.388 (c) The PREA Coordinator stated during her interview that although she did not complete an annual report for 2023, that the annual report would be approved by the Program Director and will make it readily available to the public by posting it on the bulletin board located in the entry way pf the facility. The facility is not in compliance with this provision</p> <p>115.388 (d) The PREA Coordinator stated that during her interview that the nature of the material redacted and where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility. The facility is in compliance with this provision as indicated per 115.388 (a).</p> <p>This facility is not in compliance with this standard.</p>

	<p>Corrective Action Findings: The PREA Coordinator must provide to this auditor a memorandum of RCCTH's 2023 annual aggregate data report as compiled from the 2023 monthly reports, redacted and approved by the Program Director, in order to be in compliance with this standard.</p> <p>Corrective Action Response: The Program Director did provide to this auditor RCCTH's 2023 Annual Aggregate Data Report which has identifiers redacted, been signed and approved by the Program Director, is published and posted on the facility's bulletin board at the entrance.</p> <p>The facility is in compliance with this standard.</p>
--	--

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.389 (a) RCCTH's Zero Tolerance Policy states that the "RCCTH will collect and retain sexual abuse and sexual harassment data in a secure manner". The PREA Coordinator indicated during her interview that all sexual abuse and sexual harassment data collected will be securely retained pursuant to 115.387. She further stated that this information is securely retained in the Program Director's office under lock and key and is password protect in the computer, of which only administrative staff have access to it. The Program Director corroborated this assertion during his interview. The facility is in compliance with this provision.</p> <p>115.389 (b) The PREA Coordinator indicated during her interview that all aggregated sexual abuse data in the facility under its direct control, though they do not contract for the confinement of their residents to another private facility, would be readily available to the public at least annually through the publicly displayed bulletin board in the facility, once approved by the Program Director. She further indicated that making this report available to the public has not occurred as of the onsite audit. This facility is not in compliance with this provision.</p> <p>115.389 (c) The PREA Coordinator stated during her interview that she has not completed the annual report for 2023 and that she would remove all personal identifiers before making the aggregated sexual abuse data available to the public by displaying it on bulletin board at the entrance of the facility. The facility is not in compliance with this provision as indicated per 115.388 (a).</p> <p>115.389 (d) The PREA Coordinator and the Program Director stated during their interviews RCCTH would maintain all sexual abuse data collect pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. This facility is in compliance with this standard.</p>

	<p>This facility is in not compliance with this standard.</p> <p>Corrective Action Findings: The facility must provide to this auditor a memorandum of RCCTH's 2023 annual aggregate data report as compiled from the 2023 monthly reports, redacted, approved by the Program Director and proof documentation i.e. pictures of it being displayed on the bulletin board upon entry into the facility, in order to be in compliance with this standard.</p> <p>Corrective Action Response: The Program Director did provide to this auditor RCCTH's 2023 Annual Aggregate Data Report which has identifiers redacted, been signed and approved by the Program Director, is published and posted on the facility's bulletin board at the entrance.</p> <p>The facility is in compliance with this standard.</p>
--	--

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401(a) The Program Director and the PREA Coordinator both stated during their interviews that RCCTH has never been PREA audited, and this is their first audit, which has been confirmed by this auditor. The facility is in compliance with this provision.</p> <p>115.401 (b) The Program Director and the PREA Coordinator both stated during their interviews that this is the second year of the current audit cycle. The facility is in compliance with this provision.</p> <p>115.401 (h) During the onsite phase of this audit this auditor did have access to, and the ability to observe, all areas of RCCTH’s administrative building, housing areas, interior, exterior, etc. of this facility The facility is in compliance with this provision.</p> <p>115.401 (I) During the onsite phase of this audit this auditor was permitted to request and receive copies of any relevant document including electronically stored information from RCCTH’s administrative files and records. The facility is in compliance with this provision.</p> <p>115.401 m. During the onsite phase of this audit this auditor was able to conduct interviews with the residents and staff members in a private setting (e.g., in an office with a door) away from the earshot of staff and residents. The facility is in compliance with this provision.</p> <p>115.401 n. During the pre-audit, onsite and post-audit phase of this audit, residents were and are permitted to send confidential information or correspondence to this auditor in the same manner as if they were communicating with legal counsel. As of</p>

	<p>the writing of this report, this auditor has not received any confidential information or correspondence from a resident and or staff from RCCTH to date. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>
--	---

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.403 (f) A review of the RCCTH facility as well as interviews with the Program Director and the PREA Coordinator revealed that this facility has never been PREA audited, there has never been a Final Audit Report Issued nor does it have an agency website, only a public bulletin board display. There was no proof documentation to be found in the facility's records to state otherwise upon review during the site review by this auditor. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action Required: None</p>

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

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	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)	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	na
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	na

	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)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	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.)	na
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	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).)	na
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	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?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	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).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	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).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	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.)	yes
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.)	yes
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	na

	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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	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.)	na