

# PREA Facility Audit Report: Final

**Name of Facility:** Harmony Center III Group Home

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/01/2024

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"/>
<b>Auditor Full Name as Signed:</b> Derek Craig Henderson	<b>Date of Signature:</b> 12/01/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	11/03/2024
<b>End Date of On-Site Audit:</b>	11/04/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Harmony Center III Group Home
<b>Facility physical address:</b>	1246 Laurel Street, Baton Rouge, Louisiana - 70802
<b>Facility mailing address:</b>	2736 Florida Street, Baton Rouge , Louisiana - 70802

Primary Contact
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<b>Name:</b>	Raven Percy
<b>Email Address:</b>	rpercy@harmonycenter.org
<b>Telephone Number:</b>	2253839139

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Wanda Reed
<b>Email Address:</b>	wreed@harmonycenter.org
<b>Telephone Number:</b>	2253839139

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	12
<b>Current population of facility:</b>	8
<b>Average daily population for the past 12 months:</b>	10
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys
<b>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex"</b>	

and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a> )	
<b>Age range of population:</b>	12-17
<b>Facility security levels/resident custody levels:</b>	Non-Secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	6
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	The Harmony Center, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1244 Florida Boulevard, Baton Rouge, Louisiana - 70802
<b>Mailing Address:</b>	
<b>Telephone number:</b>	225-383-9139

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Wanda Reed
<b>Email Address:</b>	Wredd@harmonycenter.org
<b>Telephone Number:</b>	225-383-9139

<b>Agency-Wide PREA Coordinator Information</b>
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<b>Name:</b>	Raven Percy	<b>Email Address:</b>	rpercy@harmonycenter.org
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

1

- 115.313 - Supervision and monitoring

#### Number of standards met:

42

#### 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:	2024-11-03
2. End date of the onsite portion of the audit:	2024-11-04

#### 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:	<p>A resident at the Group Home during the onsite inspection assisted the auditor with making a test call to the Sexual Trauma Awareness &amp; Response (STAR) child advocacy organization. The resident used the Home's cordless phone to call the STAR hotline number posted on the STAR signed in the dining room. After placing the call, the auditor confirmed on speaker phone that the STAR organization is able to provide emotional support services related to sexual abuse. The operator confirmed that a specially trained victim advocate from STAR is available 24/7 to provide emotional support services related to sexual abuse and other victim advocacy services.</p>

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	10
16. Number of inmate/resident/detainee housing units:	1

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></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>
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**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><b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>7</p>
<p><b>19. 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:</b></p>	<p>0</p>
<p><b>20. 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:</b></p>	<p>2</p>
<p><b>21. 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:</b></p>	<p>0</p>
<p><b>22. 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:</b></p>	<p>0</p>

<p><b>23. 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:</b></p>	<p>0</p>
<p><b>24. 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:</b></p>	<p>0</p>
<p><b>25. 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:</b></p>	<p>0</p>
<p><b>26. 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:</b></p>	<p>0</p>
<p><b>27. 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:</b></p>	<p>0</p>
<p><b>28. 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:</b></p>	<p>0</p>
<p><b>29. 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):</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics as outlined in this section. Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p>

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. 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:</b>	7
<b>31. 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:</b>	1
<b>32. 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:</b>	1
<b>33. 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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	7



<p><b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The Group Home only housed a total of seven residents during the onsite; therefore, the auditor interviewed all seven residents.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>37. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b></p>	<p>The Group Home only housed a total of seven residents during the onsite; therefore, the auditor interviewed all seven residents.</p>
<p><b>38. 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):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>2</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><b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
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<p><b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>
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<p><b>40. 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).</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics and targeted residents as outlined in this section.</p> <p>Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p>
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<p><b>41. 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:</b></p>	<p>2</p>
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<p><b>42. 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:</b></p>	<p>0</p>
<p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>42. 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).</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics and targeted residents as outlined in this section.</p> <p>Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p>
<p><b>43. 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:</b></p>	<p>0</p>
<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>43. 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).</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics and targeted residents as outlined in this section.</p> <p>Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p>
<p><b>44. 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:</b></p>	<p>0</p>
<p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>44. 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).</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics and targeted residents as outlined in this section.</p> <p>Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p>
<p><b>45. 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:</b></p>	<p>0</p>

<p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>45. 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).</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics and targeted residents as outlined in this section.</p> <p>Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p>
<p><b>46. 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:</b></p>	<p>0</p>
<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>46. 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).</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics and targeted residents as outlined in this section.</p> <p>Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p>

<p><b>47. 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:</b></p>	<p>0</p>
<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>47. 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).</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics and targeted residents as outlined in this section.</p> <p>Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p>
<p><b>48. 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:</b></p>	<p>0</p>
<p><b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>48. 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).</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics and targeted residents as outlined in this section.</p> <p>Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p>
<p><b>49. 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:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>49. 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).</b></p>	<p>The auditor interviewed all the residents living at the Group Home during the onsite and, therefore, was able to successfully confirm the population characteristics and targeted residents as outlined in this section.</p> <p>Additionally, the two residents noted to have non-physical disabilities were identified by the auditor requesting a list of residents who receive special education services.</p> <p>Furthermore, the auditor confirmed that segregated housing/isolation is not possible at the Group Home.</p>
<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	6
<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b>	<input type="checkbox"/> Too many staff declined to participate in interviews. <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). <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. <input type="checkbox"/> Other



<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>At the time of the onsite, the HCI Group Home only employed five Direct Care Staff and a Home Manager, and each of these individuals were interviewed by the auditor during the onsite.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>6</p>
<p><b>56. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>58. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>59. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>

**60. 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
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Mental health services are contracted, and one of the contracted MHP's was interviewed by the auditor.

## 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.

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>65. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

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

<p><b>70. 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?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

**72. 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
<b>Inmate-on-inmate sexual abuse</b>	1	1	1	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	1	1	1	1

**73. 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	1	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	1	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

1



<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>86. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>The agency reported that there were no sexual harassment allegations reported during the past three year audit review period. This was confirmed through the interviews conducted onsite, the documentation review, and by reviewing the OJJ's Annual PREA Reports.</p>
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<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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>
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<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></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><b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

95. 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.

- Yes
- No

### Non-certified Support Staff

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

- Yes
- No

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<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>	

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.311:</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's Zero Tolerance PREA Policy</li> <li>• Organizational Chart</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• PREA Zero Tolerance Posters</li> <li>• Definitions Related to Sexual Abuse Policy</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> <li>• Director of Residential Services (DRS)</li> </ul> <p><b>Site Review Observations:</b></p>

During the onsite visit, the auditor verified that the facility displays PREA signage throughout the group home. The signs outline the agency's policy for zero tolerance on all forms of abuse, harassment, neglect, exploitation, retaliation, and staff neglect. In addition, the PREA signs describe how to contact multiple outside reporting entities, to include: the Louisiana (LA) Office of Juvenile Justice (OJJ) Investigative Services hotline, LA Foundation against Sexual Assault (LaFASA) hotline, and the hotline center for the Sexual Trauma Awareness & Response (STAR) local office.

**Explanation of Determination:**

**115.311 (a-c):**

**(a):**

The auditor was provided the agency's PREA Policy and confirmed that the Policy clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This Policy states:

Harmony Center, Inc. shall maintain a zero tolerance towards all forms of sexual abuse/assault and sexual harassment of HCI residents and is committed to the prevention and elimination of sexual abuse/assault through compliance with the Prison Rape Elimination Act (PREA) of 2003. Any person who is made aware of or suspects sexual abuse, or sexual harassment must report it immediately to a person of authority.

All residents and staff have the right to work in an environment free of sexual harassment and sexual abuse. The agency shall have a zero tolerance for such behaviors. It is the perspective of Harmony Center, Inc. that prevention of incidents shall be an on-going priority and concern of the agency. By preventing and detecting and responding to such conduct. Harmony Center shall abide by the Prison Rape Elimination Act (PREA) standards.

The auditor was also provided policies that include the PREA Juvenile Standards definitions, mandatory child abuse reporting requirements, prohibitions pursuant to the PREA standards, disciplinary sanctions for residents and adults (staff, volunteers, contractors, etc.), and procedures for ensuring resident and staff safety.

In addition, the auditor verified through the PREA training file review that all staff, volunteers, and contractors are trained on the agency's zero tolerance policy and the applicable mandatory reporting protocols of the state. This is detailed in sections 115.331 and 115.332 of this report.

The auditor also interviewed all the Direct Care Staff (DCS), the Home Manager, and the entire administrative team while onsite, who all confirmed they have been trained on the agency's zero tolerance policy when they were first hired and, subsequently, on an annual basis. Moreover, the PC shared in her individual

interview information on how the agency's zero tolerance policy has been implemented to prevent, detect, and respond to any PREA related situations according to agency Policy and state and federal standards.

The auditor also was provided the agency's Definitions Related to Sexual Abuse Policy, which includes all the PREA Juvenile Facility Standard definitions to ensure consistency with the PREA standards.

**(b):**

The auditor verified through the interviews onsite and documentation review process that the agency has employed and designated an upper-level, agency-wide PREA Coordinator (PC) who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The PC for The Harmony Center Group Home is the Social Worker for The Harmony Center, and, as per the Organizational Chart provided, she reports directly to the Director of Residential Services (DRS). This was also confirmed by the DRS in her interview onsite. Additionally, the auditor learned that the PC has earned her Master of Social Work (MSW) and conducts the intake process for all youth admitted into the program.

The PC shared in her interview how she has sufficient time and authority to successfully develop, implement, and oversee agency efforts to comply with the PREA standards. PREA compliance was identified by the PC as the main job responsibility and if any issues of compliance arise, the PC will take immediate action to develop a corrective action plan and ensure effective implementation is achieved. Moreover, this was showcased through the pre-onsite and onsite phases of the audit, in which the PC promptly took action to correct the deficiencies identified by the auditor.

Additionally, the auditor confirmed that the following statement is included in the agency's Zero Tolerance PREA Policy:

- The HCI will employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee HCI efforts to comply with the PREA standards in all Group Home facilities.

**(c):**

The Harmony Center Group Home is a small program, with the maximum number of residents set at 12 youth under the age of 18. Additionally, at the time of the onsite, the program had a total of six youth in the home, and a total of five Direct Care Staff (DCS) and one Home Manager. Therefore, the agency is not required to designate a PREA Compliance Manager (PCM), and this provision does not apply for the Harmony Center at this time.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the**

**auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

**115.312 Contracting with other entities for the confinement of residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.312**

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

- Pre-Audit Questionnaire (PAQ)
- Contracts for Confinement of Residents from OJJ

**Interviews:**

- PC

**Explanation of Determination:**

**(a & b):**

According to the information provided to the auditor from the PC and as confirmed by the interviews onsite, the agency does not contract with private agencies or other entities, including other government agencies, to confine its residents from the Harmony Center Group Home. Therefore, the agency is not obligated to follow the requirements of this PREA Standard.

Note: As confirmed by the auditor through a review of the State of Louisiana Office of Juvenile Justice (OJJ) signed contract with the Harmony Center, Inc., the OJJ sends OJJ youth to the Harmony Center Group Home for placement and, therefore, the Harmony Center is required to ensure compliance with all the PREA standards. This contract states:

- "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42. U.S.C. 15601 ET. Seq.), and with all applicable PREA Standards, YS Policies related to PREA and Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within YS Facilities/Programs/Offices owned, operated or contracted. Contractor acknowledges that, in addition to "self-monitoring requirements", YS will conduct announced or unannounced, compliant monitoring to include "on-site" monitoring. Contractor will also work with the Office of Juvenile Justice PREA Coordinator in scheduling audits in accordance with the agency audit cycle established by YS. Failure to comply with PREA, including PREA



Standards and US Policies, or to pass the PREA audit after any corrective action period may result in termination of the contract. Contractor is required to comply with all applicable provisions of the Louisiana Children's Code.”

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

**115.313 Supervision and monitoring**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

**115.313**

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

- Agency's Policy on Supervision and Monitoring of Residents
- PAQ
- The Harmony Center Supervisory Monitoring Log Sheets
- Annual PREA Meeting Staffing Plan Review
- Statement of Fact Documents signed by the PC
- Staff Schedules

**Interviews:**

- Director of Residential Services (DRS)
- PC
- All Residents at the Group Home (6)
- All Direct Care Staff (DCS) Working at the Home (5)
- Home Manager (HM)

**Site Review Observations:**

During the onsite visit, the auditor observed supervision practices and verified that the Group Home was in full compliance with its Staffing Plan, specifically the 1:6 (waking hours) and 1:12 (sleeping hours) staff to resident PREA supervision ratios. The program was never in jeopardy of deviating from the facility’s Staffing Plan at the Group Home during the onsite and adequate staffing levels were provided while the auditor was onsite. There were two male staff at the home supervising the six

male residents, and administrative staff were also onsite periodically throughout the onsite. Furthermore, the auditor did not observe any issues of non-compliance or unsafe supervision practices while onsite. It is important to note that the Harmony Group Home only accepts male youth under the age of 18 who are placed by the OJJ, with the maximum resident capacity set at 12.

The auditor conducted an onsite inspection of the Group Home on the first day of the onsite and was provided full access to all areas of the home. The home did not have surveillance video capabilities at the time of the onsite; however, the 1:6 waking hours supervision ratio and 1:12 sleeping hours ratio were found to substantially exceed the minimum supervision requirements as set forth in this PREA standard and provide for adequate staffing levels pursuant to the agency's Staffing Plan. Moreover, it is important to note that the supervision requirements of PREA standard 115.313 (c) only apply to secure juvenile facilities, and The Harmony Center Group Home is not a secure juvenile facility.

In informal discussions with the DRS, Administrative Investigator, and PC, the auditor suggested that the administrative team take into consideration installing surveillance equipment in vulnerable areas of the home, such as where resident pat-down searches are conducted, in the downstairs living areas, laundry room, stairwell, hallway upstairs in front of each resident room, front and back door/porch areas, and any other area that does not invade a resident's right to privacy. The administrators agreed and shared that they will look into pursuing quotes for the addition of surveillance cameras at the home. Additionally, the auditor shared how mirrors can be useful to view blind spots.

**Explanation of Determination:**

**115.313 (a-e):**

**(a):**

The Agency's Policy on Supervision and Monitoring of Residents states:

- It is the intention of the Harmony Center, Inc (HCI). to develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.
- At Harmony Center, Inc. the procedure for providing adequate staffing levels and determining the need for video monitoring, the facility shall take into consideration the following:
  - In determining the need for video monitoring, the agency will consider any findings of inadequacy from Federal investigative agencies, from internal or external oversight bodies, as well as any state or local laws, regulations, or standards. The agency will also consider any other relevant factors.
  - Staff to client ratio shall at a minimum be maintained at 1 to 6 during waking hours and 1 to 12 during sleeping hours.
  - Staff arrives to work approximately 15 minutes before their scheduled shift.

They will survey the site, (inside and outside including blind spots) to determine the whereabouts of each resident and staff.

- Staff will provide direct observation and guidance for all residents.
- Staff will supervise residents in all assigned activities.
- At no time will a resident have authority and/or control of other residents.
- When attending outings staff shall will meet with residents before leaving to discuss the planned activity and behavior they are expected.
- Residents who have earned the privilege to leave grounds will be searched upon return by staff.
- Periodically staff will do random check in house, rooms, and clothing of residents for unauthorized items such as weapons, paraphernalia and stolen items.
- Ratio is one to six during wake hours and one to twelve during sleep hours.
- The agency shall consider juvenile detention and correctional/secure practices.
- Home Manager will arrive at the home Monday - Friday and at random shifts Saturday and Sunday between the hours of 8:00 to 5:00, 4:00- 12:00 and 12:00 to 8:00 to ensure:
  - Staff arrives to work approximately 15 minutes before their scheduled shift.
  - That staff review the sign-in sheet, the daily log book and get a verbal update from staff completing prior shift.
  - Check to make sure staff has surveyed the home (inside and out including blind spots) to determine the whereabouts of each resident.
  - Check to ensure that staff is providing direct observation and guidance of each resident through the shift.
  - Ensure that staff are adhering to the policy of zero tolerance by not allowing any resident to engage in any type of sexual abuse, sexual harassment, physical abuse and/or neglect of any other resident.
  - Ensure that there is a ratio of one to six during waking hours and one to twelve during sleeping hours.

The Staffing Plan was provided to the auditor and found to include all the required elements of this PREA standard. Moreover, the adequate staffing levels are set to 1:6 and 1:12, as per agency Policy and the Staffing Plan for the Group Home, which substantially exceeds the minimally required PREA supervision ratios of 1:8 and 1:16. This increased level of supervision helps to make up for the lack of video surveillance at the home; however, as noted in the Site Review Observations section above, the auditor proposed a plan of best practice to add cameras to certain areas of the home.

**(b):**

As per the agency's Supervision and Monitoring Policy:

- The Home Manager will document all deficiencies discovered and present to PREA coordinator for Corrective Actions;
- The HCI will ensure that each home will develop, implement, and document a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse, sexual harassment, physical abuse and/or neglect;
- The HCI will comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

The DRS and PC indicated during their individual interviews onsite that the Group Home has not deviated from the Staffing Plan during this audit review period; however, if such a situation were to occur due to an exigent circumstance, they explained how the administrative team would ensure full compliance with the requirements of this PREA standard.

Furthermore, all the staff interviewed confirmed that there has consistently been enough staff at the home to provide for the 1:6 and 1:12 supervision ratios, and there were no indications to suggest otherwise during the onsite or documentation review process. Moreover, the facility was found to have two male staff at the home while the auditor was onsite, which substantially exceeded the 1:6 waking hours ratio.

Note: The PC noted in the PAQ that in the past 12 months prior to the onsite, the program never deviated from the agency's Staffing Plan.

**(c):**

HCI policy states that the staff to resident ratio shall at a minimum be maintained at 1 to 6 during waking hours and 1 to 12 during sleeping hours. Additionally, the HCI will comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The DCS and administrative personnel interviewed confirmed they have never been aware of any situation involving deviation from the 1:6 and 1:12 ratios. The administrators shared how overtime can be approved to ensure these ratios are met at all times, and if new DCS positions are needed, the DRS advised that she can make a request with HR to hire more DCS.

Additionally, the auditor was provided the DCS schedule for the month of November 2024. This document showcased how the adequate number of staff are scheduled for each shift to ensure the 1:6 and 1:12 supervision ratios are maintained.

**(d):**

To demonstrate how the agency complies with the requirements of this provision, the PC provided the auditor with an agenda from an administrative meeting that was held in January 2024, identified as: 'Annual PREA Meeting.' This meeting was to

review the agency's Staffing Plan pursuant to the requirements of this provision. The review process included the following topics:

- Overtime;
- Effectiveness of staff on each shift;
- Availability;
- Experience;
- Current background screening;
- Current driver license;
- Number of incidents on a particular shift; and
- Juvenile adherence to company policy and procedure.

In attendance were the PC, PREA Investigator, DRS, and Home Manager.

In addition, the PC uploaded several documents in the OAS titled, 'Statement of Fact.' These documents further explain how the agency conducted periodic reviews of their Staffing Plan. For example, each document states the following:

- During the specified period, there was no instances of adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or ( d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

These periodic reviews were conducted for the following timeframes:

- January 1, 2024 - June 30, 2024;
- July 1, 2023 - December 31, 2023;
- January 1, 2023 - June 30th, 2023;
- July 1, 2022 - December 31, 2022;
- January 1, 2022 - June 30, 2022; and
- July 1, 2021 - December 31, 2021.

The PC and DRS explained the process of management conducting the annual reviews of the Staffing Plan, which included meeting to assess, determine, develop, and documenting whether any adjustments need to be made to the Staffing Plan, prevailing staffing patterns and assignments, deployment of the facility's video monitoring system and other monitoring technologies, and resources the facility has available to commit to ensure adherence to the Staffing Plan.

**(e):**

The HCI Supervision and Monitoring Policy describes how intermediate-level or higher level supervisors (Home Manager) conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This Policy states the following procedures related to the unannounced rounds conducted on each shift every month at the Group Home:

- The Home Manager will document each unannounced visit, documenting the time, shift, names of staff persons on duty, and the number of residents on board.
- The Home Manager will document all deficiencies discovered and present to PREA coordinator for Corrective Actions.
- Home Manager will arrive at the home Monday - Friday and at random shifts Saturday and Sunday between the hours of 8:00 to 5:00, 4:00- 12:00 and 12:00 to 8:00 to ensure;
  - Staff arrives to work approximately 15 minutes before their scheduled shift;
  - That staff review the sign-in sheet, the daily log book and get a verbal update from staff completing prior shift;
  - Check to make sure staff has surveyed the home (inside and out including blind spots) to determine the whereabouts of each resident;
  - Check to ensure that staff is providing direct observation and guidance of each resident through the shift;
  - Ensure that staff are adhering to the policy of zero tolerance by not allowing any resident to engage in any type of sexual abuse, sexual harassment, physical abuse and/or neglect of any other resident; and
  - Ensure that there is a ratio of one to six during waking hours and one to twelve during sleeping hours.

Samples of completed unannounced PREA rounds were provided to the auditor to demonstrate compliance with this PREA provision. These log sheets are titled, 'Harmony Center Supervisory Monitoring Log.' Upon the auditor's review of over one years' worth of log sheets, it was determined that the facility has sufficient proof documentation to demonstrate compliance with the requirements of this provision in practice. In addition, the auditor interviewed the Home Manger during the onsite, who is responsible for conducting these rounds, who sufficiently explained how the unannounced rounds are conducted randomly to prevent alerting other staff members that these supervisory rounds are occurring. The rounds were explained to be conducted a regular basis on each shift, with each round documented on a log sheet that is provided to the PC.

Note: Since the Harmony Center Group Home is an unsecure group home program and not a secure juvenile facility, the requirements of this provision (e) do not apply. However, as noted above, the agency was found to fully comply with the unannounced supervisory round requirements in order to ensure best practices and to prevent sexual abuse and sexual harassment of residents.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility substantially exceeds the elements of this PREA standard, and no corrective action is required at this time.**

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.315</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency Policy on the Limits to Cross-Gender Viewing &amp; Searches</li> <li>• PREA Staff Training Curriculum (The Moss Group, Inc.)</li> <li>• Review of Samples of Staff Training Verifications</li> <li>• PAQ</li> <li>• Statement of Fact Signed by PC</li> <li>• Home Schematic</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• All Direct Care Staff (DCS) (5)</li> <li>• All Residents (7)</li> <li>• Home Manager</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor thoroughly examined all areas of the Group Home. The Home includes three bathrooms, one downstairs and two upstairs, that allow for full privacy to residents to change their clothes, shower, and use the restroom. Additionally, the Home did not have any surveillance cameras installed at the time of the onsite.</p> <p>The auditor was escorted throughout the home by one of the veteran DCS, who explained the resident showering and restroom process. The DCS shared that the residents only shower using the upstairs bathrooms, and shower one at a time with the door shut. He expressed how only male staff are allowed upstairs during shower time, and staff are only allowed to enter an occupied resident bathroom if for a safety and security reason- such as if a youth does not respond after several verbal attempts and knocks on the door by staff.</p> <p>The auditor was also provided access to the room where resident pat-searches are conducted. This is the very first room after entering through the front door. The DCS onsite shared how only male staff are able to conduct pat-searches on residents after they return to the home after school for safety and security purposes. Strip searches and cross-gender searches of any kind are prohibited, and the auditor was informed that if an exigent circumstance led to no male staff being available to conduct pat-searches, the residents would have to wait downstairs until a male staff arrives to conduct the search. However, this type of exigent circumstance was explained to have never occurred, with the male staff being very</p>

consistent and dependable.

**Explanation of Determination:**

**115.315 (a-f)**

**(a, b, & c):**

According to the Harmony Center's Policy on the Limits to Cross-Gender Viewing & Searches:

- It is the belief of the administration of the Harmony Center, Inc. that every resident shall be treated with respect. Staff shall not conduct cross-gender searches except in exigent circumstances or when performed by medical practitioner. As such, an Administrative Agency Investigation will be conducted to determine what occurred, and plan corrective actions accordingly.
- It is the policy of the Harmony Center, Inc. to not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

**PROCEDURES:**

- The HCI will not conduct cross-gender pat-down searches except in exigent circumstances.
- The HCI will not conduct any cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches; however, HCI does not conduct body cavity searches.
- The HCI will continue to implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without no medical staff or the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The policies and procedures will require staff of the opposite gender to announces their presence when entering a resident's room, shower, or any other area where residents may be performing bodily functions or changing clothes.
- The HCI shall train staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents in a professional and respectful maimer, and in the least intrusive manner possible, consistent with security needs.

In addition to the above policy, the auditor was also provided staff PREA training verifications for resident searches, the resident search training curriculum published by the National PREA Resource Center and The Moss Group, Inc., and Statement of Facts documenting that during the audit review period there have not been any instances of cross-gender searches or cross-gender visual body cavity searches conducted on residents.



All the DCS and residents interviewed confirmed all forms of cross-gender searches are prohibited, and they have never been made aware of or been apart of any type of cross-gender search at the Group Home. Each resident indicated in their individual interviews that they have never been involved in a strip search at the Home, and the only time they are searched are when they return from school. The residents shared that only male staff conduct these after school pat-searches, and they confirmed they have never been touched by a female staff member. The residents also shared that they understand why the searches must be conducted, and they did not have any issues of concern with how the pat-searches are conducted.

The five DCS and Home Manager interviewed onsite all stated in their individual interviews that only male staff conduct pat-searches of residents and resident strip searches and body cavity searches are strictly prohibited. Each male staff interviewed demonstrated to the auditor how they conduct the pat-searches with the back of their hand, and all the staff confirmed they received resident search training when they were first hired and periodic training as part of the annual PREA training process.

**(d):**

According to agency policy, the HCI will continue to implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff or the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The policies and procedures will require staff of the opposite gender to announce their presence when entering a resident's room, shower, or any other area where residents may be performing bodily functions or changing clothes.

The residents interviewed indicated that they have sufficient privacy and are able to shower, use the restroom, and change their clothing without any other person viewing them in a state of undress during these activities. Additionally, each resident was asked what their feeling was on the level of privacy at the Home, and each youth confirmed that they felt it was good and there were no issues of concern expressed. They shared how they are able to use the bathrooms in the Home with the door closed, and no one enters the bathroom when occupied unless it is an emergency type situation where a resident was engaging in self-harm. The residents also explained how if a bathroom door is shut, before anyone opens the door, they are required to knock first to confirm whether or not a resident is in the bathroom before entering. Additionally, the residents shared how all residents are required, as a matter of Home Rules, to be fully dressed when they exit the bathroom and when walking around the Home. The residents confirmed that only male staff are allowed upstairs during showers, and they have never observed a female staff upstairs during shower time.

The staff interviewed also attested to this level of privacy the residents have at the Home. The staff confirmed that residents only shower with using the upstairs

bathrooms and only male staff are allowed upstairs at this time. The staff shared how the residents are required to be fully dressed before exiting a bathroom and when walking around the Home.

**(e):**

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

However, it is important to note that the HCI is a placement facility that only admits biological male residents from the OJJ; therefore, the program will never be in a position to have to examine or figure out the biological sex of a resident placed at the Home.

This prohibition of searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status was confirmed by each staff member interviewed onsite.

**(f):**

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

The training provided to the DCS at the Harmony Center Group Home is the Cross-Gender and Transgender Pat Search Training that was published by the National PREA Resource Center, The Moss Group, Inc., and The Bureau of Justice Assistance (U.S. Department of Justice). This 18 page training curriculum was provided to the auditor and includes information related to cross-gender searches and guidance on how to conduct pat-searches of transgender and intersex residents. In order to demonstrate how the DCS have completed this search training, the PC provided the auditor with in-service training acknowledgements for the DCS. These training verifications include an acknowledgement of understanding statement, the date and time of the training, and the employee's and instructor's name and signature.

All the DCS and the Home Manager interviewed confirmed they have been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This training was provided when the staff were first hired, and subsequent resident search refresher trainings have been presented to staff on an annual basis. All staff were aware of how to conduct such searches; however, it is important to note that each staff and resident interviewed testified how they have never observed or been a part of a cross-gender search of any kind. The staff shared how they would respond to a

	<p>hypothetical situation presented by the auditor involving a resident who identifies as transgender not being comfortable with the normal operating procedure of the same biological gender staff conducting the pat-down search. In response, each staff member sufficiently described how they would stop the search process and not force the search on the resident. The staff described how they would contact their supervisor and await instructions on how to proceed to ensure compliance with the PREA standards. Additionally, options such as utilizing a medical professional and calling for a mental health professional to meet with the youth were shared by the staff for ensuring the youth in this hypothetical situation is placed at ease and provided the necessary care.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<p><b>115.316</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b><u>115.316</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Residents with Disabilities and Residents who are LEP</li> <li>• PAQ</li> <li>• PREA Resident Brochure (English &amp; Spanish)</li> <li>• Professional Interpreting Service Information</li> <li>• Statement of Fact Memo’s Signed by PC</li> <li>• Youth Confirmation of Receipt PREA Form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services (DRS)</li> <li>• PC</li> <li>• Two Targeted Residents</li> <li>• All the DCS (5)</li> <li>• Home Manager</li> </ul>

**Site Review Observations:**

During the onsite, the auditor conducted interviews with all the residents at the home (total of 6) and confirmed that all spoke and understood English as their primary language of communication. None of the youth were limited English proficient (LEP), and the staff advised that they could not recall a resident at the home who was LEP. However, if translation services were needed, the staff shared that professional interpreting services would be provided through management on a case-by-case basis.

**115.316 (a-c)****(a):**

According to the HCI Policy:

The Harmony Center, Inc. (HCI) will take appropriate steps to ensure that residents with disabilities and those with limited English proficiency will have an equal opportunity to benefit from agency's services without experiencing sexual abuse or sexual harassment.

It is the policy of HCI that resident admission is without regard to race, color, religion, sex, national origin, ethnicity or disability. HCI will provide that residents receive written orientation materials and/or translations in their own language if they do not understand English. HCI will provide a 24-hour per day, seven days per week, structured and supportive living environment. HCI will provide community-based services in a homelike environment to residents under the age of 21 who will need specialized services.

The auditor was also provided information about the interpreting service company that is available to residents who are Deaf or hard of hearing. This company is in Baton Rouge, LA and is able to provide the following interpreting services:

- Conference Settings
- Medical Interpreting;
- Mental Health Interpreting;
- Courtroom/Legal Setting;
- Artistic Shows/Theater Settings;
- Educational& Classroom;
- Post-Secondary Setting;
- Deaf/Blind Interpreting; and
- Oral Interpreting.

Additionally, the PC provided signed 'Statement of Fact' memo's for the audit review period that specify: During the specified period, there were no instance of resident with disabilities or resident who are limited English proficient.

The PC confirmed that the HCI Group Home has not accepted a youth designed as LEP, however, if a LEP resident were to be accept in the future, the leadership team

at HCI would ensure that the services remain in place that the youth had from their previous placement. The PC also advised that she reached out to Federal Programs that assists the agency with getting youth in school along with OJJ. With EBR school system, if a youth is LEP, EBR provides services for them through English Second Language (ESL) and English Language Learners (ELL). These services would provide translators to go into the classroom to work with the youth who are designated as LEP. In addition, the following professional interpreting service company could also be contacted: "1-World Language" interpretation and translation services.

The auditor was provided the Spanish version of the resident education material, which includes a Spanish version PREA brochure that includes the multiple ways a resident can make a PREA report, agency's zero tolerance policy, how to ensure healthy boundaries, outside resources that provide victim advocacy services to victims of sexual abuse, steps to take if a resident is a victim of sexual abuse or sexual harassment, PREA related definitions of sexual abuse and sexual harassment, confidentiality notice, a statement that sexual abuse is against the law, and a notice that sexual contact between staff and youth or between youth is not allowed for any reason.

The auditor interviewed the DRS and PC onsite and spoke with each administrator about how they ensure the appropriate steps are implemented to ensure that residents with disabilities and LEP residents have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PC and DRS explained how all youth admitted into The Harmony Center Group Home are from OJJ, and OJJ provides specific information related to any disabilities and/or LEP status upon each resident arriving at the facility. Furthermore, the PC is a master level social worker who conducts the intake process for all youth admitted into the program. The PC explained how she is able to breakdown the PREA information in such a way that each youth who enters the Harmony Center Group Home is able to fully understand. The intake process is a one-on-one meeting that the PC has with each youth admitted, and she goes over the PREA resident orientation and PREA comprehensive education with each youth. The PC shared how she will ask each resident open-ended questions on the PREA material she provided to ensure the youth understand and can convey the information presented.

Additionally, the auditor learned through the staff and resident interviews that the DCS provide newly admitted residents with additional PREA information when they arrive at the program after the intake process, and DCS and the PC review the PREA education material with all residents periodically while at the Home (one to two times per month).

As a suggestion of best practices, the auditor provided the PC with a Specialized PREA Education Packet that can be used for those residents who have intellectual disabilities or who may need additional PREA educational resources. The PC advised she will review the packet and utilize it on an as case-by-case basis.

**(b):**

According to HCI Policy:

- At HCI, the following procedure will be adhered to in regards to residents with disabilities or limited English proficiency.
- The HCI will ensure when necessary that residents who are deaf or hard of hearing be provided access to interpreters who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.
- The HCI will ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.
- The HCI will take reasonable steps to ensure meaningful access to all the protections put in place to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The auditor interviewed all the residents at the Home during the onsite, a total of 6 youth. Out of the six, two receive special education services and, therefore, were included as targeted residents who have a type of disability. These two targeted youth understood fully the different ways to make a PREA report, including their right to verbally tell a staff member or adult they trust, their right to call one of the three abuse reporting hotlines that are included on the PREA posters in the Home (can be anonymous if so desired), how to submit a grievance or note in the grievance (drop) box with or without their name, and their ability to make a third party report to a family member during a phone call or visit and to their teachers at the school they attend.

**(c):**

As per HCI Policy: The HCI will not rely on resident interpreters, resident readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties under 115.364 of the PREA Standards or the investigation of the resident's allegations.

The 5 DCS and Home Manager interviewed onsite all confirmed the above prohibition for relying on residents to interpret for other residents. If interpreting services were needed, they each shared how a professional interpreter and/or bilingual staff member would be called in to assist.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.317</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Hiring and Promotion Decisions</li> <li>• PAQ</li> <li>• Review of Sample of Personnel Files for Staff and Contractors</li> <li>• Criminal History Reports (LA State Police)</li> <li>• Louisiana Department of Children and Family Services (DCFS) Letters</li> <li>• EF Research Criminal History Reports</li> <li>• DCFS Criminal Record Clearance for Potential Caregivers in Residential Settings</li> <li>• PREA Document Review Worksheet (Employee/Contractor/Volunteer Records)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Human Resource Director (HR Director)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.317 (a-h):</b></p> <p><b>(a):</b></p> <p>According to HCI Policy:</p> <ul style="list-style-type: none"> <li>• It is the intention of HCI to hire individuals who at least meet the minimum requirements of State and Federal Laws and agency requirements for employment. In addition, they shall, based on their education and skills demonstrate an interest in working with the residents whom we serve.</li> <li>• It is the policy of the Harmony Center, Inc. to employ individuals who at entry level and specific higher-level positions have the capacity to, with training, fill vacancies of direct care staff, managers and social worker positions. Other positions shall be filled based on specific needs.</li> </ul> <p>At Harmony Center, Inc. the following procedure when considering individuals for hiring or promotion decisions:</p>

- The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:
- 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);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The interviewed HR Director advised that the above hiring prohibitions are in policy and strictly practiced to ensure applicants and potential contractors are screened pursuant to the state and federal PREA standards. As not only required by the PREA standards, the HR Director informed the auditor that the Harmony Center, Inc. also must comply with State licensure regulations that require all HCI employees and contractors to be vetted via a criminal history check on an annual basis. This background process is conducted by multiple state agencies, including the Louisiana State Police and the Louisiana Department Children and Family Services (DCFS). Additionally, for Harmony Center, Inc. non-Group Home employees who have already been vetted through the initial criminal history and child abuse registry check process and are seeking transfer to the Harmony Center Group Home, an additional criminal background check is required to be conducted by ER Research, which conducts a state of Louisiana and national sex offender history check pursuant to Louisiana's R.S. 40:1203.01 et seq.

**(b):**

The agency's HR Policy states:

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

It was confirmed by the HR Director that any incidents involving any type of sexual conduct by a potential employee or contractor are assessed on a case-by-case basis and examined closely by the HR department and the Director of Residential Services (DRS). For any situation involving a history of sexual harassment by an applicant or potential contractor, the DRS advised she would most likely deny the individual to continue the hiring process unless there is clear and overwhelming evidence provided to fully clear the individual with the sexual harassment history of any wrongdoing. The HR Director and DRS both advised during their individual interviews that they do not recall a situation involving an applicant or contractor who had a history of sexual harassment. This was also confirmed through the HR review process conducted by the auditor, in which no evidence was discovered to



indicate an employee or contractor was hired who had a history of sexual harassment.

**(c):**

According to the agency's HR Policy, before hiring new employees who may have contact with residents, the agency shall:

- Perform a criminal background records check;
- Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- 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.

The HR Director confirmed the above background requirements and documented examples of how the backgrounds and institutional reference checks are conducted were provided to the auditor. The HR Director also provided the auditor with examples of criminal history and child abuse registry check verification documentation for a sample of current staff. These documents included Louisiana DCFS state and national background checks, Louisiana State Police criminal history reports, EF Research criminal background check reports (state and national), and child abuse registry check clearance letters.

**(d):**

The agency's PREA Policy states the agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The HR Director described how the background checks pursuant to this provision are conducted on all potential contractors and documentation for how this is performed was shared with the auditor. In order to demonstrate how the two contracted mental health professionals (MHP's) are screened pursuant to this PREA provision, the HR Director provided the auditor with the criminal history background reports. However, no child abuse registry check was provided, and the HR Director and PC advised they will ensure this is done as soon as possible.

*Due to the agency not providing the auditor with proof documentation that the child abuse registry checks were conducted for the two contracted MHP's, the agency was found out of compliance and corrective action is required.*

**(e):**

As per the agency's PREA Policy, the agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The HR Director provided the auditor with proof documentation that showcased how the veteran staff at the Group Home have been re-screened in the past 5 years for any disqualifying criminal history. Louisiana State Police criminal history reports were provided for two of the veteran staff who have worked for the Harmony Center, Inc. for more than 5 years. The HR Director advised that the State of Louisiana does not have a subscription services available that she is aware of, and the State of Louisiana OJJ and DCFS require the program to re-run criminal histories for all staff who have contact with residents on an annually basis.

**(f, g, & h):**

According to the agency's PREA Policy:

- The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this PREA standard in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.
- Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The HR Director confirmed the above procedures are required to be adhered to as per the agency's HR PREA Policy. For sharing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee with other institutions, the HR Administrator advised how the information can be shared unless prohibited by law.

*However, in discussions with the HR Director, the auditor learned that the PREA questions required by provision (f) were not asked to all applicants and employees who have contact with residents. In response to this non-compliance, the HR Director took immediate corrective action and added the PREA questions to the Harmony Center, Inc. application while the auditor was onsite. The auditor was provided this updated application while onsite, and the PC advised that she will provide the auditor via email submitted applications with the PREA questions answered for the next several applicants (at least for the next 5 applicants).*

**Personnel File Review:**

The auditor selected the personnel files pursuant to the requirements of this PREA standard for a representative sample of employees (four "new" staff and two "veteran" staff) and each of the two contractors who have contact with residents at the Group Home. The applicable PREA documentary evidence was reviewed with

the help of the HR Director onsite, and as noted in subsections (d) and (f), the only non-compliance issues related to the two contractors not having proof that the child abuse registry checks were conducted and the lack of having the PREA questions on the agency's application.

Note: The PREA Document Review Worksheet (Employee/Contractor/Volunteer Records) was utilized for analyzing for compliance with the requirements of this PREA standard.

**Corrective Action Summary:**

Prior to 45 days after the onsite, the PC implemented the corrective action for the deficiencies identified for this PREA standard and provided the auditor with the corresponding proof documentation, as detailed below.

- Sample of updated applications that were submitted by applicants seeking employment at the HCI Group Home. The updated applications were found to include the PREA questions as required by PREA provision (f) of this PREA standard.
- Louisiana Department of Children and Family Services (DCFS) Notification of Child Abuse and Neglect Clearance letters for the contracted MHPs and volunteer. These documents verified that the contracted MHP's were screened pursuant to the child abuse registry check requirement of this standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.318</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• PAQ</li> </ul>

	<p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services (DRS)</li> <li>• PC</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor conducted a thorough examination of all areas of the Group Home, and at no time did the auditor identify any recent substantial modification or expansion to the home and no video monitoring system was present at the home.</p> <p><b>Explanation of Determination:</b></p> <p><b>115.318 (a-b):</b></p> <p>According to the DRS and PC, the Harmony Center Group Home has not had any substantial modification or expansion to the Group Home since the last PREA audit, and the home does not currently have any type of video monitoring system.</p> <p>However, as noted in section 115.313 of this report, the DRS is receptive to the idea of adding video monitoring and advised she will be looking into adding cameras in certain areas of the facility to enhance the agency's ability to protect residents from sexual abuse and sexual harassment.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.321</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• PAQ</li> <li>• MOU with Sexual Trauma Awareness &amp; Response (STAR)</li> <li>• STAR Website</li> <li>• 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan</li> <li>• Statement of Fact Documents Signed by the PC</li> <li>• OJJ PREA Coordinated Response to Sexual Abuse Incidents Document</li> </ul>

- Letter sent to the Chief of the Baton Rouge Police Department (BRPD)
- Harmon Center, Inc. (HCI) Policy on Criminal & Administrative Agency Investigations
- HCI Policy on Zero Tolerance of Sexual Abuse & Sexual Harassment
- PREA Investigative File Review

**Interviews:**

- All the Direct Care Staff (DCS) (total of 5)
- Home Manager
- Director of Residential Services (DRS)
- PC
- Director of Nurse
- Director of Residential Services
- Contracted Mental Health Provider (MHP)

**Explanation of Determination:**

**115.321 (a-h):**

**(a & b):**

In order to showcase how the HCI Group Home complies with the requirements of this PREA standard in practice, the PC provided the auditor with agency policies that include procedures to ensure a uniform evidence protocol is followed, to the extent the agency is responsible for investigating allegations of sexual abuse, that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Additionally, the auditor was provided the agency's form, 'PREA Coordinated Response to Sexual Abuse Incidents,' which is used by the agency to document the protocols that must be adhered to for each PREA related incident that is reported from the Group Home. This form includes sections for an administrator at the Group Home to complete regarding the actions taken by first responders, medical and mental health staff, investigators, and facility leadership. In addition, the Coordinated Response form states it was developed to ensure appropriate notifications are made in a timely and consistent manner.

Through the documentation review for this audit and the interviews conducted with all the staff onsite, the auditor confirmed that the HCI is only able to conduct internal administrative PREA investigations, and the Baton Rouge Police Department (BRPD) and the Louisiana State Police are the law enforcement agencies with criminal jurisdiction for any crime alleged to have been committed at the Group Home, which includes sexual abuse of a resident. All the DCS interviewed onsite verified this to be true, and the letter sent to the Chief of The BRPD also corroborated that the BRPD is contacted for any allegation involving sexual abuse of a resident at the Home.

To the extent the agency is responsible for investigations allegations of sexual abuse, the auditor verified that the agency's evidence protocol is appropriate to

youth and adapted from 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.

**(c & d):**

The auditor assessed for compliance with this PREA provision by reviewing the agency's Coordinated Response Plan and the PREA investigative file for an allegation reported by a resident of alleged sexual abuse at the Group Home during the audit review period. The Coordinated Response Plan includes a section for the PC to indicate the evidence protocol followed, the movement and housing of the alleged victim to ensure safety, and whether the forensic medical exam is needed as applicable to the situation. Additionally, the PREA investigative file included discharge paperwork from the local emergency medical children's center (Our Lady of the Lake Children's Hospital in Baton Rouge, LA) that indicated the alleged victim was referred for a forensic medical examination due to an alleged sexual assault. There was no cost to the alleged victim for this referral, and the discharge paperwork confirms the alleged victim in this case was seen by a forensic doctor.

Note: The HCI Group Home is a home in the Baton Rouge community and is not set up to allow for forensic medical examinations onsite. In addition, the agency contracts with the Sexual Trauma Awareness & Response (STAR) organization in Baton Rouge, LA to assist with any necessary victim advocacy services. More information about the STAR organization is outlined in the next subsection (d).

Furthermore, the Director of Nurse, Director of Residential Services, contracted MHP, PC, and Administrative Internal Investigator all confirmed in their individual interviews that is an agency requirement to immediately transport any resident who alleges sexual abuse at the Group Home to the local hospital in order for a licensed medical physician or SANE/SAFE nurse to conduct a forensic medical examination.

The auditor also reviewed the 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan, which outlines the following regional plan (Baton Rouge, LA region) for responding to victims of Sexually-Oriented Criminal Offenses (SOCO):

- In compliance with Louisiana law, this plan/protocol is intended to improve Region 2's response to victims of SOCO and to comply with the sexual assault forensic examination process, and the treatment of and billing for the victims. Each parish Coroner may opt into the Region 2 plan or may choose to create an independent plan. All parishes in Region 2 have chosen to participate in this plan.
- Coroners have jurisdiction over all victims of SOCO when they present for examination within his/ her parish. According to Revised Statute 13:5713(F) The coroner or his designee shall examine all alleged victims of a sexually-oriented criminal offense. The coroner may select the hospital or healthcare provider named as the lead entity for sexual forensic medical examinations

in the regional plan required by R.S. 40:1300.41 as his designee to perform the forensic medical examination. In Region 2, the EBRPCO will perform the acute forensic medical examinations (FME) on all alleged victims of SOCO and not designate a hospital or healthcare provider.

- Law enforcement officers and detectives (e.g., 911 dispatchers, patrol officers, officers who process crime scene evidence, detectives, and other investigators) respond to initial complaints, work to enhance victims' safety, arrange for victims' transportation to and from the exam site as needed, interview victims, collect evidence from the scene, coordinate with the EBRPCO for chain of custody of kits, interview suspects, and conduct other investigative activities (such as interviewing witnesses, requesting crime lab analyses, reviewing medical and lab reports, preparing and executing search and arrest warrants, writing reports, and presenting the case to a prosecutor).
- Sexual assault advocates are made available by our local sexual assault center, STAR (Sexual Trauma Awareness and Response) and the Baton Rouge Children's Advocacy Center (BRCAC). STAR's trained advocates are available 24/7 to respond to calls from the hospital or police to accompany SOCO victims to hospitals and police stations in the aftermath of a SOCO. STAR's advocates offer advocacy, support, crisis intervention, information, language assistance services, and referrals before, during, and after the exam process. STAR also provides comprehensive, long term services designed to aid survivors in addressing other needs related to the assault, including but not limited to counseling, advocacy, and legal representation. The BRCAC receives referrals from LE and DCFS, hospitals, healthcare providers and EBRPCO SANEs. BRCAC provides or facilitates forensic interviewing, assists in investigations and prosecutions, provides family advocacy in order to access community resources, and provides trauma focused therapy for the victims and their non-offending caregivers.
- Hospitals and health care providers assess patients for acute medical needs and provide stabilization, treatment, and/or consultation {which includes Our lady of the Lake Children's Hospital in Baton Rouge, LA}. They offer information, treatment, and referrals for sexually transmitted infections (STIs) and other non-acute medical concerns, assess pregnancy risk, and discuss treatment options with the patient, including reproductive health services. They also provide medical follow-up with the victim. When a victim presents to a healthcare facility and a forensic medical examination is indicated, the EBRPCO office is contacted. An EBRP Coroner's Sexual Assault Nurse Examiner (SANE) will respond and provide a forensic medical examination for the victim. A victim of a SOCO has the right to an FME and medical treatment regardless if the victim chooses to report the assault to a law enforcement agency.
- Sexual assault nurse examiners (SANE) perform the medical forensic examination, gather information for the medical forensic history, collect and document forensic evidence, and document pertinent physical findings from patients. They coordinate with advocates to ensure patients are offered

crisis intervention, support, and advocacy before, during, and after the examination process. SANEs also collaborate with physicians and other medical personnel to ensure that victims obtain proper testing and treatment for sexually transmitted diseases (STDs) as well as any injuries associated with the SOCO. They follow up with patients for medical and forensic purposes if necessary, coordinate with law enforcement on reported cases to transfer evidence collected during a forensic medical examination, and testify in court if needed. Any nurse performing sexual assault forensic examinations must undergo a 40-hour sexual assault forensic examination training along with clinical training requirements including a preceptorship with an experienced forensic examiner.

In order to assess for compliance with the victim advocacy requirements of this PREA standard (d) in practice at the HCI Group Home, the auditor examined the PREA investigative file and the executed contract the agency has with a local children's advocacy center (STAR), as well as interviewed all the administrative and sexual abuse response team members.

The contract with STAR includes the following agreed upon services:

As part of this MOU, STAR, and the Harmony Center plan to provide the following services:

- Reporting
  - The administrative staff from the Harmony Center, Inc. and STAR will meet quarterly. The meeting will allow both parties the opportunity to discuss and evaluate the effectiveness of the partnership as it relates to the quality of care provided to the clients residing in the facilities operated by the Harmony Center, Inc. Documentation of such meetings will be recorded and kept by both agencies.
- Education
  - STAR agrees to provide the Harmony Center with educational opportunities for staff to better equip them with the knowledge and skill to address any policy changes regarding sexual assault disclosures and awareness, train staff to understand what sexual trauma is, educate staff on how to respond to disclosures, and provide resource and referral information. Some of these services may need to be provided based on a fee.
- Counseling
  - STAR agrees to accepting clients on a case by case basis from the Harmony Center. This will be subject to the survivor agreeing that they want services and only after they are screened by licensed counselor or social worker at STAR. If the survivor needs services that STAR cannot provide, i.e. more extensive treatment plan for severe treatment plan for severe mental health illness, STAR will provide a referral for qualified counseling center.



- Funding
  - Clients residing in the facilities operated by the Harmony Center, Inc. do not incur any cost for services provided.
- Duration
  - This MOU is at-will and may be modified by mutual consent of authorized officials from the Harmony Center, Inc. and STAR. This MOU shall become effective upon signature by the authorized officials from the Harmony Center, Inc. and STAR and will remain in effect until modified or terminated by any one of the partners. In the absence of mutual agreement by the authorized officials from the Harmony Center, Inc. and STAR this MOU shall end on March 30, 2026.

In addition, the agency's Coordinated Response Plan includes a section for ensuring the appropriate victim services are provided, such as: checking with medical and mental health staff to verify that appropriate optional services were offered and provided, accompanying the victim during the medical and investigative processes until the victim advocate arrives, and refer the victim to a Rape Crisis Center and/or victim advocate (STAR) if accepted.

Included in the PREA investigative file for the one sexual abuse allegation reported during the three-year audit review period is documentation verifying that a mental health assessment and psychotherapy session was provided to the alleged victim soon after the report was initially made (within 72 hours).

The auditor also reviewed the STAR organization's website, which outlines the following victim services that this agency is able to provide a resident victim of sexual abuse:

- STAR® provides supportive services to survivors to reduce their experience of trauma. Our advocacy, counseling and legal services are available to youth and adult survivors of sexual violence at no cost, and are intended to assist you at any stage of your healing.
- Our staff creates a safe, supportive, confidential environment where survivors are welcomed and supported. At STAR®, we believe that every survivor has the right to services, regardless of their background, gender, race, ethnicity, ability, gender identity, sexual orientation, weight, or decision to report. You are eligible for services no matter how much time has passed since the assault.

Furthermore, the Director of Nurse, Director of Residential Services, contracted MHP, PC, and Administrative Internal Investigator all explained in their individual interviews how the STAR organization and the contracted outside MHP agency are required to be promptly contacted for any situation involving an allegation of sexual abuse of a resident.

**(e):**

The agency's Coordinated Response Plan indicates that a contracted MHP can provide for victim services on an as needed and case-by-case basis, and the executed contract with the STAR organization confirms that a specially trained victim advocate shall be made available for any situation involving resident sexual abuse at the Group Home. The PC and Administrative Internal Investigator also confirmed this information during their interviews onsite.

**(f):**

In order to showcase how the agency complies with the requirements of this PREA provision in practice at the Group Home, the PC provided a letter that was sent to the Chief of the Baton Rouge Police Department. This letter states:

- Harmony Center, Inc., is a 24-hour residential service organization that houses juvenile delinquents and we must follow PREA (Prison Rape Elimination Act) standards as part of our contract with the Department of Corrections, Office of Juvenile Justice. Chiefs, we are requesting your assistance with helping us follow the protocols of the PREA standards as we maintain service to our youth and respect for public servants of the Baton Rouge community.

**(h):**

There was no documentation of screening for appropriateness or documentation of education received concerning sexual assault and forensic examination issues due to the fact the HCI Group Home contracts with the STAR organization for specialized victim services related to the requirements of this PREA standard. Additionally, the local hospital was confirmed through an online website review to be the region's only Level II pediatric trauma program, with pediatric emergency rooms that are staffed 24/7 by physicians certified in pediatric emergency medicine.

**PREA Investigative File Review:**

Upon the auditor's analysis of the PREA investigative file for the one sexual abuse allegation of a resident that was reported to have occurred at the Group Home during the three-year audit review period, all the necessary documentation was identified to sufficiently demonstrate compliance with the applicable elements required by this PREA standard. Additionally, the auditor utilized the PREA Document Review Worksheet (Investigation & Response Records) in order to assess for compliance with the required elements of this PREA standard. Moreover, the auditor also met with the PC and Administrator Internal Investigator who conducted the internal administrative investigation for this allegation, and each administrator answered all the questions asked and sufficiently explained each step of the investigative process.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA**

**standard, and no corrective action is required at this time.**

**115.322 Policies to ensure referrals of allegations for investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.322**

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

- PAQ
- 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan
- Statement of Fact Documents Signed by the PC
- OJJ PREA Coordinated Response to Sexual Abuse Incidents Document
- Letter sent to the Chief of the Baton Rouge Police Department (BRPD)
- Harmon Center, Inc. (HCI) Policy on Criminal & Administrative Agency Investigations
- HCI Policy on Zero Tolerance of Sexual Abuse & Sexual Harassment
- PREA Investigative File Review
- HCI Website ([www.harmonycenter.org/disability-care-prea](http://www.harmonycenter.org/disability-care-prea))

**Interviews:**

- All the Direct Care Staff (DCS)
- Home Manager
- Director of Residential Services (DRS)
- PC
- Director of Nurse
- Director of Residential Services
- Contracted Mental Health Provider (MHP)

**Explanation of Determination:**

**115.322 (a-e):**

**(a):**

According to the agency's PREA Policy: The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

As confirmed by the auditor through the PAQ review, proof documentation review process, and the interviews conducted with all staff onsite, the Baton Rouge Police

Department (BRPD) and the Louisiana State Police have the authority and jurisdiction to conduct criminal investigations into allegations of sexual abuse at the Group Home. Additionally, there is one administrator with the HCI that is designated to conduct administrative internal PREA investigations for any reports of sexual abuse or sexual harassment at the HCI Group Home. The auditor interviewed this internal investigator while onsite, who confirmed that the investigative requirements of this PREA standard are adhered to as applicable to the situation. Additionally, for the one sexual abuse allegation reported and investigated at the Group Home during the three-year audit review period, the Administrative Internal Investigator's report and supplemental investigative documents were provided to showcase how the agency complied with the requirements of this PREA standard in practice. Emails and proof documentation were provided to attest that the allegation was promptly investigated by a specially trained internal PREA investigator and immediately reported to local law enforcement (Baton Rouge PD), Louisiana State PD, Louisiana Child and Family Protective Services, and the Louisiana Office of Juvenile Justice (OJJ) in order for a criminal investigation to commence.

In addition, the agency's Coordinated Response Plan and Zero Tolerance PREA Policy also confirm that the agency is required to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Group Home.

The letter sent to the Chief of the Baton Rouge PD also provides further evidence to confirm that this law enforcement agency is required to be contacted upon a resident's allegation of sexual abuse at the Group Home. The letter states:

Harmony Center, Inc., is a 24 hour residential service organization that houses juvenile delinquents and we must follow PREA (Prison Rape Elimination Act) standards as part of our contract with the Department of Corrections, Office of Juvenile Justice. Chief, we are requesting your assistance with helping us follow the protocols of the PREA standards as we maintain service to our youth and respect for public servants of the Baton Rouge community.

Furthermore, the auditor also reviewed the 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan, which outlines the following regional plan (Baton Rouge, LA region) for responding to victims of Sexually-Oriented Criminal Offenses (SOCO):

- In compliance with Louisiana law, this plan/protocol is intended to improve Region 2's response to victims of SOCO and to comply with the sexual assault forensic examination process, and the treatment of and billing for the victims. Each parish Coroner may opt into the Region 2 plan or may choose to create an independent plan. All parishes in Region 2 have chosen to participate in this plan.
- Coroners have jurisdiction over all victims of SOCO when they present for examination within his/ her parish. According to Revised Statute 13:5713(F)

The coroner or his designee shall examine all alleged victims of a sexually-oriented criminal offense. The coroner may select the hospital or healthcare provider named as the lead entity for sexual forensic medical examinations in the regional plan required by R.S. 40:1300.41 as his designee to perform the forensic medical examination. In Region 2, the EBRPCO will perform the acute forensic medical examinations (FME) on all alleged victims of SOCO and not designate a hospital or healthcare provider.

- Law enforcement officers and detectives (e.g., 911 dispatchers, patrol officers, officers who process crime scene evidence, detectives, and other investigators) respond to initial complaints, work to enhance victims' safety, arrange for victims' transportation to and from the exam site as needed, interview victims, collect evidence from the scene, coordinate with the EBRPCO for chain of custody of kits, interview suspects, and conduct other investigative activities (such as interviewing witnesses, requesting crime lab analyses, reviewing medical and lab reports, preparing and executing search and arrest warrants, writing reports, and presenting the case to a prosecutor).

**(b & c):**

According to HCI policies:

- HCI will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- The HCI will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The HCI will publish this policy in the main office, the bulletin boards in the homes, and in any other HCI documentation and material.
- If an outside agency is used to conduct criminal investigations, their names and corresponding information will be placed on the bulletin boards and published in any other HCI documents and material.
- Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at the HCI will have in place a policy governing the conduct of such investigations.
- Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at the HCI will have in place a policy governing the conduct of such investigations.

The auditor was unable to locate any information on the agency's website related to the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation (unless the allegation does not involve potentially criminal behavior). The auditor relayed this issue to the PC prior to the onsite, and the PC took immediate action to develop and implement a corrective

action plan to resolve this deficiency in compliance prior to 45 days after the onsite. As of 11/7/2024, the PC has reached out to the agency’s Secretary in order for the appropriate PREA Policy to be published on the agency’s website.

**PREA Investigative File Review:**

Upon the auditor’s analysis of the PREA investigative file for the one sexual abuse allegation of a resident that was reported to have occurred at the Group Home during the three-year audit review period, all the necessary documentation was identified to sufficiently demonstrate compliance with the applicable elements required by this PREA standard. Additionally, the auditor utilized the PREA Document Review Worksheet (Investigation & Response Records) in order to assess for compliance with the required elements of this PREA standard. Moreover, the auditor also met with the PC and Administrator Internal Investigator who conducted the internal administrative investigation for this allegation, and each administrator answered all the questions asked and sufficiently explained each step of the investigative process.

**Corrective Action Summary:**

Prior to this report being completed, the auditor confirmed that the HCI includes on its website ([www.harmonycenter.org/disability-care-prea](http://www.harmonycenter.org/disability-care-prea)) the agency’s policy regarding the referral of allegations of sexual abuse and sexual harassment for criminal investigation (unless the allegation does not involve potentially criminal behavior).

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

115.331	Employee training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.331</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency’s Policy Manual (Employee Orientation)</li> <li>• PAQ</li> <li>• Samples of PREA Training Verifications</li> </ul>

- PREA Training Curriculum for Staff

**Interviews:**

- All the DCS Working at the Group Home (5)
- Home Manager
- PC
- HR Director

**Explanation of Determination:**

**115.331 (a-d):**

**(a):**

The auditor reviewed the agency's 63-page staff PREA training curriculum and verified that the training includes the following PREA training topics as required by this PREA provision:

- Its zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents' right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- The common reactions of juvenile victims of sexual abuse and sexual harassment;
- 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;
- 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; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- Relevant laws regarding the applicable age of consent.

This PREA training was developed by the National PREA Resource Center, and the PC advised she presents this two-day in-service PREA training to all staff when they are first hired and during annual PREA. The training includes five training modules that cover a range of PREA topics, including, but not limited to: an overview of PREA and the role of staff, resident rights to be free from sexual abuse and sexual harassment, staff and resident's rights to be free from retaliation for reporting, prevention and detection of sexual abuse and sexual harassment, response and

reporting of sexual abuse and sexual harassment, professional boundaries, and effective and professional communication with residents. The PC also shared that she covers agency specific policies and procedures relate to PREA as a part of the two week in-service training process for all new staff, as well as during annual PREA training refreshers.

Additionally, the agency's Policy Manual (Employee Orientation) describes the agency's training philosophy, purpose, statement of intent, and procedures related to training employees who work at the Group Home. Moreover, according to this Policy: It is the policy of HCI to provide orientation programs for employees and to conduct or support training programs that it determines to be appropriate. All training conducted or supported by HCI are mandatory. Time spent by employees in training during their normal working hours will be considered hours worked for pay purposes. Persons who have not been trained or those whose training is out-of-date will not be allowed in HCI.

The auditor interviewed all five of the DCS who work at the Group Home and the Home Manager, who all confirmed they have been trained on the eleven PREA training topics outlined above. The staff were asked open-ended questions regarding PREA training topics they remembered being presented during their most recent PREA trainings. Each staff adequately articulated their own understanding of PREA, mandatory reporting protocols, first responder duties, resident rights, the different ways residents can make a PREA report, and other topics that they remembered from past PREA trainings. As expressed by the staff interviewed, the PREA training consisted of mandatory reporting protocols; the agency's zero tolerance policy on sexual abuse, sexual harassment, retaliation, and staff neglect; taking proactive action to prevent sexual abuse and sexual harassment; first responder duties; resident search procedures; professional boundaries; trauma training; red flags for identifying a victim of sexual abuse; no age of consent in a juvenile facility; how to communicate with youth who identify as LGBTI, etc. The staff confirmed they received PREA training when they were first hired, before having contact with residents in the facility, and are required to attend PREA refresher trainings on an annual basis.

The auditor also interviewed the PC and HR Director and spoke with each administrator about the process of ensuring all the staff are PREA training pursuant to the requirements of this PREA standard. They described how the PC conducts the PREA staff training during the two-week pre-service process, with the PREA training presented including all the required elements of this PREA standard. The HR Director shared how she ensures the staff attend the required training before having contact with residents and maintain the training acknowledgement documents.

**(b):**

Upon the auditor's review of the PREA training curriculum provided to staff who work at the Group Home, the auditor found the training to be sufficiently tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility.



The PC advised that all staff who are assigned to work the Group Home are required to complete the PREA staff training before working at the Home.

**(c):**

The auditor determined through the interviews conducted onsite and documentation review process that all staff are provided PREA refresher training on an annual basis. For example, all the staff interviewed confirmed that PREA refresher training is provided, at a minimum, on an annual basis. Additionally, all the veteran staff working at the facility confirmed that they have completed PREA refresher trainings on an annual basis since PREA was first implemented at the home several years ago.

The auditor also was provided refresher PREA training acknowledgements for the veteran staff working at the Group Home, which further confirmed that PREA training refresher are provided on an annual basis.

**(d):**

All staff interviewed said they understood the PREA training they have received at the facility and confirmed signing an acknowledgement form after each PREA training session.

The PC provided the auditor with signed PREA training verification documents for a representative sample of new and veteran staff members who work at the Group Home. Upon the auditor's reviews, each form included an acknowledgement of understanding statement that was signed by each staff member. Additionally, the PREA training verification forms included the PREA training topics covered, the duration of the training, and the start and end times. Lastly, the PREA training verifications also were each signed and dated by the trainee, instructor, and approving official.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>115.332</u></b>

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

- PAQ
- Samples of PREA Training Verifications (In-Service PREA Training Acknowledgements)
- PREA Training Curriculum for Volunteers & Contractors

**Interviews:**

- Volunteer (1)
- Contracted MHP (1)
- PC
- HR Director

**Explanation of Determination:**

**115.332 (a-c):**

In order to assess for compliance with the requirements of this PREA standard, the auditor interviewed the one and only volunteer, one of the two contractors (MHP), the PC, and the HR Director. The volunteer and contracted MHP interviewed each explained in their individual interviews how they have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They were asked open-ended questions regarding PREA training topics they remembered being presented during their most recent PREA trainings, with details shared related to training topics on mandatory reporting protocols; the agency's zero tolerance policy on sexual abuse, sexual harassment, retaliation, and staff neglect; how to ensure resident safety; professional boundaries; red flags for identifying a victim of sexual abuse; and the fact there is no such thing as consensual sexual activity at the Group Home. The volunteer and contractor also confirmed they received PREA training before having contact with residents in the facility.

The auditor was provided the PREA training curriculum for volunteers and contractors, which was found to include, at a minimum, the required training elements of this PREA standard. Moreover, the training verification documents outline the same five PREA training modules that are provided to the agency's DCS, which is further detailed in the previous standard section of this report (115.331).

The PC also supplied the auditor with the agency's In-Service PREA Training acknowledgement verification forms for the one volunteer and the two contracted MHPs who have contact with residents at the Group Home. These documents include a signed acknowledgement of understanding statement, the duration of the training, the date the training was completed, and the Instructor and Approving Official signatures.

The auditor confirmed that the level and type of training provided to volunteers and contractors is the same as what is provided for the DCS, which includes the eleven

PREA training elements of PREA standard 115.331 (a) (1-11). Furthermore, the auditor confirmed that all volunteer and contractors who have contact with residents are, at a minimum, notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The level of and type of PREA training provided to volunteers and contractors was found to be commensurate with the requirements of this PREA standard

The auditor also interviewed the PC and Director of HR to discuss the procedures in practice at the facility to ensure all volunteers and contractors are training pursuant to the requirements of this PREA standard. The PC and Director of HR explained in their individual interviews how the PC ensures all individuals who enter the home and have contact with residents are trained in PREA and notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Additionally, in the Group Home are multiple signs that detail the agency's zero tolerance stance of sexual abuse and sexual harassment and the multiple ways to make a PREA report. The HR Director advised that she ensures all volunteers and contractors are vetted pursuant to PREA standard 115.317 and trained according to the requirements of this PREA standard before they are allowed to enter the Group Home. She also shared that she maintains all the verification documents and stores them in her office.

Lastly, the PC provided the auditor with proof documents that showcased how the volunteer completed multiple PREA trainings, including one in 2022 and another in 2024.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

115.333	Resident education
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.333</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency Policy on Resident Education</li> <li>• PAQ</li> <li>• Samples of Resident PREA Orientation &amp; Education Verification Documents</li> </ul>

- Resident PREA Brochure (English & Spanish)
- PREA Signs
- HCI Policy on Residents with Disabilities and Residents who are LEP
- Professional Interpreting Service Memo

**Interviews:**

- All the Residents (6)
- Two Targeted Residents
- PC (Intake)

**Site Review Observations:**

During the onsite phase of the audit, the auditor observed PREA signs that were prominently displayed inside the Group Home. These signs were easy to read, undamaged, and strategically placed in locations both downstairs and upstairs for all residents to easily view. The PREA signs included PREA information for residents pursuant to the PREA standards, such as their rights, the agency's zero tolerance policy, the multiple ways to make a PREA report, and how to contact the multiple outside reporting hotlines.

**Explanation of Determination:**

**115.333 (a-f):**

According to the agency's PREA Policy on Resident Education:

- Harmony Center, Inc. (HCI) will provide an array of means to educate the residents regarding the HCI zero tolerance policy regarding sexual abuse and sexual harassment.
- It is the policy of HCI that residents without regard to race, color, religion, sex, national origin, ethnicity or disability, will be afforded information explaining the zero tolerance policy and how to report incidents of suspicions of sexual abuse and/or sexual harassment.
- The HCI will provide our residents with this education as follows:
  - During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
  - The HCI will provide education formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.
  - The HCI will maintain documentation of resident's participation in these education sessions.
  - In addition to providing such education, the HCI will ensure that key

information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The auditor was provided the PREA related documents that are used during the intake process to inform all newly admitted residents the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. There is also an acknowledgement form that is used during the intake process. This form is required to be signed by the resident and staff member assigned to the youth's intake to document the resident's confirmation of his/her understanding of the PREA orientation presented. Samples of these signed PREA orientation acknowledgements were provided to the auditor to showcase how the facility complies with the requirements of this provision in practice.

In addition, the PC, who conducts the intake process for all youth admitted into the HCI Group Home, explained that she provides the initial orientation PREA information and the comprehensive PREA education when she first meets with each newly admitted resident to conduct the intake process. The PC, who is a master's level social worker, explained the process of scheduling a new intake and meeting with all newly admitted residents to review the agency's zero tolerance policy regarding sexual abuse and sexual harassment, the multiple ways to report incidents or suspicions of sexual abuse or sexual harassment, resident right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting, and the agency's policies and procedures for responding to such incidents. The PC provided the auditor with the agency's PREA Resident Brochure that includes this information and advised that this Brochure is reviewed with each newly admitted resident during the intake process. She advised that residents are able to keep the Resident PREA Brochure. In addition to the PREA education provided during the intake process by the PC, the auditor also learned through interviews conducted onsite with the residents and staff that residents are provided an additional PREA refresher by the DCS at the Group Home. The staff and residents explained how DCS review the PREA education material with the youth after they complete the intake process with the PC, with periodic PREA refresher classes conducted at the Group Home on a regular basis. The residents and staff indicated that PREA is covered with the residents approximately two times per month.

The auditor interviewed the entire population of residents at the Group Home (6), with two of the seven being identified as having a disability. The residents were all asked if they remembered being provided a PREA orientation during the intake process when they first arrived at the Group Home, and each resident confirmed that the PREA information was presented to them when they first arrived at the Home by the PC. The residents confirmed they were educated on the agency's zero tolerance policy regarding sexual abuse and sexual harassment, multiple ways on how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from

retaliation for reporting, and the agency's policies and procedures for responding to such incidents. All the residents confirmed they understood the information provided and shared with the auditor what zero tolerance meant to them and the different ways to make a PREA report at the facility.

According to the HCI Policy:

- The Harmony Center, Inc. (HCI) will take appropriate steps to ensure that residents with disabilities and those with limited English proficiency will have an equal opportunity to benefit from agency's services without experiencing sexual abuse or sexual harassment.
- It is the policy of HCI that resident admission is without regard to race, color, religion, sex, national origin, ethnicity or disability. HCI will provide that residents receive written orientation materials and/or translations in their own language if they do not understand English. HCI will provide a 24-hour per day, seven days per week, structured and supportive living environment. HCI will provide community-based services in a homelike environment to residents under the age of 21 who will need specialized services.

The auditor was also provided information about the interpreting service company that is available to residents who are Deaf or hard of hearing. This company is in Baton Rouge, LA and is able to provide interpreting services to residents who are Deaf or hard of hearing on an as needed basis.

Additionally, the PC provided signed 'Statement of Fact' memo's for the audit review period that specify: During the specified period, there were no instance of resident with disabilities or resident who are limited English proficient.

The PC confirmed that the HCI Group Home has not accepted a youth designed as LEP, however, if a LEP resident were to be accept in the future, the leadership team at HCI would ensure that the services remain in place that the youth had from their previous placement. The PC also advised that she reached out to Federal Programs that assists the agency with getting youth in school along with OJJ. With EBR school system, if a youth is LEP, EBR provides services for them through English Second Language (ESL) and English Language Learners (ELL). These services would provide translators to go into the classroom to work with the youth who are designated as LEP. In addition, the following professional interpreting service company could also be contacted: "1-World Language" interpretation and translation services.

The auditor was provided the Spanish version of the resident education material, which includes a Spanish version PREA brochure that includes the multiple ways a resident can make a PREA report, agency's zero tolerance policy, how to ensure healthy boundaries, outside resources that provide victim advocacy services to victims of sexual abuse, steps to take if a resident is a victim of sexual abuse or sexual harassment, PREA related definitions of sexual abuse and sexual harassment, confidentiality notice, a statement that sexual abuse is against the law, and a notice that sexual contact between staff and youth or between youth is not allowed for any reason.

The auditor interviewed the DRS and PC onsite and spoke with each administrator about how they ensure the appropriate steps are implemented to ensure that residents with disabilities and LEP residents have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PC and DRS explained how all youth admitted into The Harmony Center Group Home are from OJJ, and OJJ provides specific information related to any disabilities and/or LEP status upon each resident arriving at the facility. Furthermore, the PC is a master level social worker who conducts the intake process for all youth admitted into the program. The PC explained how she is able to breakdown the PREA information in such a way that each youth who enters the Harmony Center Group Home is able to fully understand. The intake process is a one-on-one meeting that the PC has with each youth admitted, and she goes over the PREA resident orientation and PREA comprehensive education with each youth. The PC shared how she will ask each resident open-ended questions on the PREA material she provided to ensure the youth understand and can convey the information presented.

According to HCI Policy:

- At HCI, the following procedure will be adhered to in regards to residents with disabilities or limited English proficiency.
- The HCI will ensure when necessary that residents who are deaf or hard of hearing be provided access to interpreters who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.
- The HCI will ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.
- The HCI will take reasonable steps to ensure meaningful access to all the protections put in place to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

**Resident PREA Orientation and Comprehensive Education File Review:**

The auditor was provided PREA orientation and comprehensive PREA education acknowledgments for the last ten (10) residents admitted into the Group Home to assess for compliance with the requirements of this PREA standard in practice at the facility. Upon the auditor's review, it was clear that the facility provides the PREA orientation during the intake process and the comprehensive PREA education within 10 days of each resident's intake. No issues of non-compliance were identified, and the facility was found to be in full compliance.

Note: As a matter of best practices, the auditor suggested to the PC that the

agency modify their resident PREA acknowledgement form to clearly clarify how the resident PREA orientation process related to PREA provision (a) of this standard is separate from the PREA comprehensive resident education required by provision (b). The PC was receptive with this proposal, and the auditor and the PC worked together to develop two new forms that will be used going forward to document the initial PREA orientation provided during the intake process and the comprehensive PREA education provided within 10 days of intake. In addition, the auditor shared a PREA resident education video with the PC, and the PC advised she will add either this PREA video or a similar one to the intake process.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

**115.334 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.334**

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

- Agency's Policy on Specialized Training: Investigations
- PAQ
- Samples of Specialized Training Verifications for Administrative Investigators
- Training Curriculum for Specialized Training for Investigators

**Interviews:**

- Internal Administrative Investigator

**Explanation of Determination:**

**115.334 (a-c):**

According to the agency's Specialized Training for Investigator Policy:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administrative Agency Investigation will be conducted to determine what



occurred, and plan corrective actions accordingly.

- It is the policy of the Harmony Center; Inc. to conduct an Internal Investigation whenever a situation is alleged to have occurred involving Sexual Abuse and/or Sexual Harassment. The investigation will begin immediately following the receipt of the allegation, with the final report being prepared not more than five working days from the start of the investigation. The Investigation will be conducted by Specialized Trained Investigators.
- At Harmony Center Inc. the following procedure for Specialized Training of the Investigators will be as follows:
- In addition to the general training provided to all employees pursuant to 115.331 of the PREA Standards, the HCI will ensure that, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings.
- Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or persecution referral.
- The HCI will maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.
- Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

In order to showcase how the agency complies with the requirements of this PREA standard in practice, the PC provided the auditor with the training curriculum for specialized training for investigators and the corresponding training verifications.

This training curriculum was published by the National PREA Resource Center and is a 38-page training presentation titled, 'Module 7: Techniques for Strong Administrative Investigations.'

The HCI has designated one administrator for conducting internal PREA administrative investigations at the HCI Group Home, and the DOJ Certificate of Completion was provided for this internal investigator that verifies the completion of the administrator's training on PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed in July of 2023 and verifies that the required training was completed online. In addition, the auditor interviewed this internal administrative investigator during the onsite, who confirmed he completed the required training outlined above and shared the training topics he remembered from the training. For example, he confirmed that the training included, at a minimum, techniques for interviewing, the proper use of Miranda and Garrity warnings, evidence preservation and collection (as appropriate- law enforcement will collect in most instances), criteria and evidence required to substantiate a case for administrative action (preponderance of evidence burden of proof), and the state's mandatory reporting requirements to law enforcement.

In addition, the internal administrative investigator also outlined how he conducted the one sexual abuse allegation reported at the Group Home during the audit review period. He explained the entire investigative process; going into detail on how he first ensured resident safety and separation from the alleged victim and the preservation and protecting of usable physical evidence. He elaborated further on how he ensured the contacts to law enforcement (Baton Rouge PD and State PD) were completed, the transport of the alleged victim to the local medical emergency center (Our Lady of the Lake Children’s Hospital) for a forensic medical examination, providing victim advocacy and mental health professional services to the alleged victim, the interview process and written statements, the parent and affiliated agencies notification process, the monitoring for retaliation, the report documentation, and the sexual abuse incident review.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.335</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• PAQ</li> <li>• Samples of PREA Training Verifications (In-Service PREA Training Acknowledgements)</li> <li>• PREA Training Curriculum for Volunteers &amp; Contractors</li> <li>• Agency Policy on Specialized Training: Medical &amp; Mental Health Care</li> <li>• DOJ Certification of Completion: PREA 201 for Medical &amp; Mental Health Practitioners</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Nursing</li> <li>• Contracted MHP (1)</li> <li>• PC</li> <li>• HR Director</li> </ul> <p><b>Explanation of Determination:</b></p>

**115.335 (a-d):**

According to the agency's Policy on Specialized Training for Medical and Mental Health Care:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administrative Agency Investigation will be conducted to determine what occurred, and plan corrective actions accordingly only HCI staff that has been specially trained in Medical and Mental Health care will be allowed to participate.
- It is the policy of the Harmony Center, Inc. to conduct an Internal Investigation whenever a situation is alleged to have occurred involving Sexual Abuse and/or Sexual Harassment. The investigation will involve HCI's specially trained medical staff. Staff trained in PREA Standards regarding sexual abuse and sexual harassment.
- At Harmony Center Inc. the following procedure for Specialized Medical and Mental Health training will be as follows:
  - The HCI will ensure that all full and part-time medical and mental health care practitioners who are employed by the HCI has been properly trained in PREA Standards, including the following:
    - How to detect and assess signs of sexual abuse and sexual harassment;
    - How to preserve physical evidence of sexual abuse;
    - How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
    - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
  - The HCI will maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the HCI or elsewhere.
  - Medical and mental health care practitioners shall also receive the training mandated for employees under 115.331 or contractors and volunteers under 115.332, depending upon the practitioner's status at the HCI.

The auditor was provided the PREA training curriculum for medical and mental health professionals, which was found to include, at a minimum, the required training elements of this PREA standard. Moreover, the training verification documents outline the same five PREA training modules that are provided to the agency's DCS, which is further detailed in the previous standard section of this report (115.331).

The PC also supplied the auditor with the agency's In-Service PREA Training acknowledgement verification forms for the two contracted MHPs and the Director of Nursing. These documents include a signed acknowledgement of understanding statement, the duration of the training, the date the training was completed, and the Instructor and Approving Official signatures. In addition, the auditor was provided the DOJ Certification of Completion training verification for the Director of

Nursing, which states this three-hour online course was completed in July of 2023.

The auditor confirmed that the level and type of training provided to the contracted MHPs and full-time Director of Nursing includes the eleven PREA training elements of PREA standard 115.331 (a) (1-11), as well as specialized training pursuant to this PREA standard.

In order to further assess for compliance with this PREA standard, the auditor interviewed the Director of Nursing and one of the two contracted MHPs. Both professionals were asked open ended questions related to the level of PREA training they have completed, and each professional sufficiently articulated a full understanding of how to detect and assess for signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The professionals advised that they are mandatory reporters and are required to immediately report any knowledge or suspicion of sexual abuse or sexual harassment of a resident from the HCI Group Home to the proper authorities, including law enforcement for a sexual abuse situation.

The auditor also interviewed the PC and Director of HR to discuss the procedures in practice at the facility to ensure the medical staff and contracted MHPs are training pursuant to the requirements of this PREA standard. The PC and Director of HR explained in their individual interviews how the PC ensures all individuals who enter the home and have contact with residents are trained in PREA and notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Additionally, in the Group Home are multiple signs that detail the agency's zero tolerance stance of sexual abuse and sexual harassment and the multiple ways to make a PREA report.

Note: The HCI does not have any part-time or full-time mental health staff who work regularly at the Group Home. This was confirmed by the auditor through the onsite observations, interviews conducted, and the documentation review process. Furthermore, the agency employs a full-time Director of Nursing, and this professional was interviewed by the auditor onsite.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**115.341**

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

- Agency's Policy for Obtaining Information from Residents
- PAQ
- Harmony Center, Inc. Risk Assessment Form
- Samples of Risk Screenings Completed
- Samples of Periodic Risk Screening Re-Assessments

**Interviews:**

- All Residents at the Group Home (7)
- PC (Conducts Risk Assessments)

**Site Review Observations:**

Following the assessment of the security measures in place to safeguard sensitive data collected and maintained in accordance with PREA standards, the auditor did not identify any issues related to non-compliance with the requirements of this PREA standard. The agency's Risk Assessments forms were found to be securely maintained in a locked area, with no unrestricted access allowed.

**Explanation of Determination:**

**115.341 (a-e):**

**(a):**

According to the agency's Policy for Obtaining Information from Residents:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administration shall obtain and use information on each resident to ensure a safe and secure environment, free from Sexual Abuse and/or Sexual Harassment.
- It is the policy of the Harmony Center, Inc. to obtain and use information about each resident's confinement; the HCI will obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.
- Within 72 hours of the resident's arrival at the-HCI and periodically through the residents stay at the Harmony Center, we will obtain and use information about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

The agency's PC was interviewed onsite and confirmed the practice of conducting

the facility's Risk Assessment tool during the intake process, when a youth first arrives at the facility. It was further clarified that this Risk Assessment is conducted in order to effectively obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

All the residents interviewed also confirmed that the risk screening was completed with them the first day they arrived at the facility. The auditor asked if specific Risk Assessment questions were asked by the PC when they first arrived at the program, and each resident confirmed this to have occurred in the PC's office during the intake process.

In addition, a sample of completed periodic risk assessment re-assessments were provided, which sufficiently demonstrated how the facility periodically obtains and uses information about each resident's personal history and behavior while in the facility to reduce the risk of sexual abuse by or upon a resident. As per the PC, the agency conducts the periodic risk re-assessments every 6 months; however, more frequent check-in are conducted by the PC, and a contracted MHP meets with each resident at least once per month for individual and, as applicable, family therapy sessions.

**(b & c):**

As per HCI Policy: The Risk Assessment shall be conducted using an objective screening instrument. At a minimum, the HCI will ascertain information about:

- Prior sexual victimization or abusiveness;
- 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;
- Current charges and offense history;
- Age;
- Level of emotional and cognitive development;
- Physical size and stature;
- Mental illness or mental disabilities;
- Intellectual or developmental disabilities;
- Physical disabilities;
- The resident's own perception of vulnerability; and
- Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Upon the auditor's review of the agency's Risk Assessment tool that is used to comply with the requirements of this PREA standard, it was found to include all the required elements of this PREA provision except for the age, physical size, and stature of the resident being assessed. This deficiency was shared with the PC prior to the onsite, and the PC immediately implemented the corrective action to add a section for the age and weight of the resident on the top of the Risk Assessment form. This updated form was provided to the auditor and samples of completed

updated Risk Assessments were emailed to the auditor to demonstrate how the updated Risk Assessment has been fully institutionalized in practice.

Note: It is important to clarify that the PC conducts all the newly admitted Risk Assessments and, therefore, the PC learns of the age, size, and stature of each resident during the intake process. The auditor determined that the lack of documenting the age, size, and stature was more a clerical error that was immediately rectified upon notification.

The auditor was provided Risk Assessments that were conducted for the last ten residents admitted into the Group Home prior to the onsite, with each Risk Assessment conducted the same day that each resident arrived at the Group Home. Furthermore, other than the missing age, physical size, and stature elements of this PREA provision, the Risk Assessments were found to be fully compliant with the requirements of this PREA standard. Additionally, each Risk Assessment included comments made by the PC for the risk elements that were assessed, which provided the auditor with further evidence to support how the agency obtains and uses information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

The PC explained how the questions on this risk screening form need to be asked in order to ensure the validity of the screening. For example, it was shared that certain questions are very close-ended and objective, such as age, offense history, and diagnosed disabilities; however, other questions are more subjective, sensitive in nature, and require open-ended conversational type questions. This was explained as to why it is vital to conduct the risk screening in a private and confidential setting to ensure the youth feels safe and answers honestly.

**(d):**

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

This process of ascertaining information for the risk screening through conversations and intake paperwork was described by the PC as a critical element of ensuring the validity of the risk screening process is achieved.

**(e):**

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

The PC confirmed the program's procedures for ensuring all sensitive information is securely stored in a locked area. Only those staff members who, as per a matter of

	<p>policy and specific job duties, are allowed to have access to the resident Risk Assessments.</p> <p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.342</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's Policy on Placement of Residents in Housing, Bed, Program, Education, and Work Assessments</li> <li>• PAQ</li> <li>• Harmony Center, Inc. Risk Assessment Form</li> <li>• Samples of Risk Screenings Completed</li> <li>• Samples of Periodic Risk Screening Re-Assessments</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• All Residents at the Group Home (7)</li> <li>• PC (Conducts Risk Assessments)</li> <li>• Director of Nursing</li> <li>• Contracted MHP</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor confirmed that none of the residents at the Group Home were isolated in a room and, furthermore, secure isolation of a resident is not possible at the Home. Additionally, there was also no specialized housing at the Group Home. The residents sleep in the upstairs bedrooms, with a staff member upstairs during sleeping hours to monitor for safety and security of the residents. Additionally, there are two bathrooms upstairs that residents use to shower, and these bathrooms allow for full privacy when residents shower, use the restroom, and change their clothes. Only one resident is allowed in a bathroom at a time, and a same gender staff (male DCS) is assigned to monitor the upstairs during shower time.</p>



**Explanation of Determination:**

**115.342 (a-i):**

According HCI Policy:

- It is the belief of the Harmony Center, Inc. that residents should be housed to a safe and caring environment free from sexual abuse and/or sexual harassment at all times
- It is the policy of the Harmony Center, Inc. that residents will be screened according to 115.341 of the PREA Standards and will be placed two to four to a room. The decision as to roommates will be determined based on the judgement of the home manager and subsequently on the relationships developed between the roommates.
- The HCI will adhere to the following procedures to ensure a safe and secure environment:
- The HCI will use all information obtained pursuant to 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all resident safe and free from sexual abuse and/or harassment.
- Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will the HCI consider lesbian, gay bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the HCI will consider on a case-by- case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- Placement and programming assignments for each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the resident.
- A transgender or intersex resident's own views with respect to his or her own safety will be given serious consideration.

The auditor discussed the above procedures with the PC, who explained how the resident Risk Assessment tool is used to make the safest and most appropriate housing, bed, program, and education assignments. Since all residents at the facility are juveniles, no work opportunities are available at the home except for regular house cleaning chores. The PC discussed how she will contact the Home Manager to determine the safest and most appropriate room/bed assignment for newly admitted residents, and if at any time a change needs to be made, the Home Manager and PC will meet to discuss what options are available to ensure resident safety.

In addition, the auditor utilized the sample of Risk Assessments evaluated for

compliance with PREA standard 115.341 to assess for compliance with the requirements of this PREA standard. Upon the auditor's review, each Risk Assessment form was utilized to determine the assignments of the residents with the goal of keeping all residents safe and free from sexual abuse. Furthermore, no issues of non-compliance were identified by the auditor.

It was confirmed by the PC that the agency is required to provide daily large-muscle exercise and any legally required educational programming or special education services to all residents, which is provided during the weekdays at the local school and on the weekends at the Group Home. Furthermore, the Home Manager, the DCS, the PC, and the Director of Residential Services all confirmed in their individual interviews that there is no isolation used at the Group Home and this would be against State statutes to isolate a resident in a bedroom at the Home.

The residents and staff interviewed confirmed that they have never learned of a situation at the facility that involved a resident placed in a particular housing, bed, or other assignments solely on the basis of identification. Furthermore, none of the residents interviewed identified as transgender/intersex, and each DCS interviewed confirmed they have never worked with a resident who identified as transgender or intersex.

The Director of Nursing and contracted MHP advised in their individual interviews that they have full access to residents at the Home in order to provide any requested medical and mental health services. Access was explained to not be contingent upon their behavior level or status in the program.

The PC confirmed that the HCI Group Home takes all situations involving a transgender or intersex resident seriously to ensure the youth is safe and free from bullying, abuse, and harassment at all times. Furthermore, for any transgender/intersex resident admitted into the program, the agency's Group Home management team will consider on a case-by-case basis the safest housing and programming assignments, with ensuring the resident's health and safety, and whether the placement would present management or security problems.

The auditor interviewed PC, who sufficiently explained how the procedures detailed above would be implemented to ensure a resident who identifies as transgender or intersex is kept safe and protected from bullying, abuse, harassment, and harm.

Furthermore, the PC indicated how a youth who identified as transgender/intersex would be afforded the right to shower alone (as do all residents at the Home), and the placement and programming would be continually assessed by management to ensure no issues are present related to the youth's safety.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.351</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's Policy on Resident Reporting</li> <li>• PAQ</li> <li>• PREA Signs</li> <li>• Grievance Documents and Grievance Box</li> <li>• Outside Reporting Hotline Phones</li> <li>• PC Signed Statement of Facts</li> <li>• Resident PREA Brochure (English &amp; Spanish)</li> <li>• Louisiana Department of Children &amp; Family Services Brochure</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• All Residents at the Group Home (7)</li> <li>• PC</li> <li>• All DCS (5)</li> <li>• Home Manager</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite phase of the audit, the auditor observed PREA signs in both English and Spanish that were prominently displayed in various areas inside the Group Home (both upstairs and downstairs). These signs were easy to read, undamaged, and strategically placed for all residents to access easily. The PREA signs included PREA information for residents pursuant to the PREA standards, such as resident's rights, the agency's zero tolerance policy, the multiple ways to make a PREA report, and how to contact the outside reporting hotline.</p> <p>During the onsite, the auditor requested the assistance of a resident to make the hotline calls from the Group Home cordless home. One resident volunteered for this task, and the resident called each of the three hotline reporting entities from the PREA posters in the Home. When an operator answered the calls, the auditor took over the call to ask the operator questions about the reporting system in place at the reporting center. The following outside reporting entities were contacted and confirmed the corresponding information documented below:</p> <ul style="list-style-type: none"> <li>• Louisiana State Police Investigative Services (1-800-626-1430): the operator confirmed that translation services are available, that anonymous reports can be accepted, and that anyone can contact this hotline center to make a</li> </ul>

report of sexual abuse or sexual harassment of a youth in the state of Louisiana.

- The Louisiana Foundation against Sexual Assault (LaFASA) (1-888-995-7273): the operator confirmed that this organization specializes in support services for victims of sexual abuse. This hotline can be used to make a report of sexual abuse or sexual harassment of a juvenile and translation support services can be made available on a case-by-case basis. The LaFASA also provides specially trained victim advocates to juvenile victims of sexual abuse, who can provide emotional support services and victim advocacy.
- Sexual Trauma Awareness Response (STAR) organization: the operator confirmed that this entity can be used as a third-party outside reporting center of juvenile sexual abuse, and STAR can provide victim advocacy services for resident survivors of sexual abuse.

**Explanation of Determination:**

**115.351 (a-e):**

According to HCI Policy:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administrative Agency Investigation will be conducted to determine what occurred, and plan corrective actions accordingly.
- It is the policy of the Harmony Center, Inc. to conduct an Internal Investigation whenever a situation is alleged to have occurred involving Sexual Abuse and/or Sexual Harassment. The investigation will provide multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- At Harmony Center Inc. will provide the following:
- At least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the HCI and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to HCI officials, allowing the resident to remain anonymous upon request.
- In the event that a resident is detained solely for civil immigration purposes he shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. {Note: the PC and Director of Residential Services confirmed that the HCI Group Home has never accepted a resident for civil immigration purposes. They explained that the Group Home only accepts youth referred from the Louisiana Office of Juvenile Justice and no youth are “detained” at the Group Home.}
- HCI staff will accept reports made verbally, in writing, anonymously, and

- from third parties and shall immediately document any verbal reports
- The facility shall provide residents with access to tools necessary to make a written report.
  - The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents, including but not limited to; private phone calls, third party reporting, access to the compliant box and anonymous reporting.
  - Staff will receive PREA Resident Reporting Training in order that they might become familiar with reporting procedures.

All the residents interviewed onsite expressed how they have multiple ways to make a PREA report from the Group Home, which included: explaining the grievance process (writing a grievance and either giving to staff or placing in the “drop box”); how they can verbally make a report to any adult at the Group Home they trust; writing down the report on a piece of paper or other resident request form and either place in the secure drop box, giving to any staff member, or sending out as a letter to someone outside the agency to report on their behalf. The residents understood they have the right to make an anonymous report of sexual abuse, sexual harassment, staff neglect, and retaliation through the facility’s grievance system, by writing a letter without their name and giving to staff or placing in the grievance box, or by calling one of the multiple reporting hotlines that are included on the PREA posters in the Home. The residents also expressed how they attend school in the community and can make reports of abuse to their teachers or anyone at the school. However, it is important to note that all the youth interviewed at the Home (all seven) confirmed to the auditor that they have never been involved in any way with a PREA related situation at the Home. Furthermore, each resident was asked if they felt the Group Home was a safe program to be in and if there are any staff at the Group Home they trust, and each resident confirmed they felt safe while at the Home and had staff they trusted and could talk to about any concerns or issues that may arise.

All the staff interviewed also were asked to describe the multiple ways in which a resident can make a PREA report at the facility, with each DCS explaining the methods as described above by the residents interviewed.

Furthermore, the staff at the Group Home are mandatory child abuse reporters; therefore, all types of sexual abuse and sexual harassment allegations must be immediately reported to the proper authorities and agency leadership. All the staff interviewed stated they are required to document any verbal report received by a resident on a facility incident report as soon as possible but no later than the end of their shift. This written report is then turned into the Home Manager and/or to the PC. The staff also shared that they can make private reports of sexual abuse and sexual harassment of residents directly to their supervisor, an administrator, or by calling the state reporting hotline.

In addition, the residents confirmed they have access to writing utensils to make a written report. The residents shared how they are able to make a written report on

a piece of paper or a grievance form, which can then be given to staff, placed in the grievance box (drop box), or mailed to an individual outside the facility to be handled as a third-party report on behalf of a resident.

The PC conducts all resident intakes and provides the resident PREA orientation and comprehensive PREA education associated with the requirements of PREA standard 115.333. Therefore, the PC was asked how residents are educated on the multiple reporting mechanisms in place at the Group Home upon intake. The PC described how she goes over the resident’s PREA Brochure, the DCFS Flyer, and the resident PREA education presentation with all youth upon their arrival at the program. The PREA educational material includes the multiple ways for residents to make a PREA report, and periodic refresher education sessions are provided at the Home to ensure all youth are reminded of the agency’s zero tolerance policy and the multiple ways to make a PREA report. In addition, the PC noted that the PREA posters at the Home also provide a continual reminder of this information.

**PREA Investigative File Review:**

As previously explained in sections 115.321 and 115.322 of this report, the agency has experienced one sexual abuse allegation situation during this audit review period. The supplemental documentation provided for this investigation confirmed that the resident who made the complaint was able to make the PREA report freely and without restrictions.

Additionally, the PC provided the auditor with signed Statement of Fact documents that confirmed that the Group Home has only experienced the one sexual abuse situation during the audit review period for this PREA audit.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.352</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Referrals of Allegation for Investigations</li> <li>• HCI Policy on Zero Tolerance of Sexual Abuse and Sexual Harassment</li> <li>• Signed Statement of Fact from the PC (no grievances alleging sexual abuse)</li> </ul>

- Grievance Box Monitoring Form 2024
- HCI Policy on Exhaustion of Administrative Remedies
- PAQ

**Interviews:**

- All DCS (5)
- Home Manager
- PC
- Director of Residential Services
- Administrative Internal PREA Investigator
- All the Residents at the Group Home (7)

**Site Review Observations:**

During the onsite, the auditor took note of the secure grievance box located in the hallway downstairs. Additionally, the auditor confirmed that all residents at the Group Home have access to writing utensils and paper/grievance forms.

**Explanation of Determination:**

**115.352 (a-g):**

The auditor verified through interviews onsite and the evidentiary documentation review for this PREA audit that as a matter of written agency policy, grievances related to sexual abuse or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) are immediately converted to investigations that are outside of the agency's administrative remedies process (Baton Rouge PD , Louisiana State Police, and OJJ), and are not considered by the agency to be grievances. The auditor found it to be clear in the agency's Policy on Referrals of Allegation for Investigations that the Group Home is required per policy and state mandates to immediately report any and all allegations or incidents of sexual abuse of a resident to local law enforcement (Baton Rouge PD) and the state governing agency that oversees the wellbeing of juveniles in placement facilities (Louisiana State Police and OJJ).

Therefore, the requirements set forth by this PREA standard are not applicable.

In addition, the auditor reviewed the agency's Grievance Box Monitoring Form for 2024, which confirms there were not any grievances submitted that constituted a report of a sexual abuse situation involving a resident.

The auditor also interviewed the administrative staff for the agency, the Home Manager, the DCS, and all the residents in the Home and asked each individual questions about the resident grievance process at the Group Home. Everyone interviewed expressed how a resident is able to freely and confidentially submit a grievance at the Home, and the Administrative Investigator for the agency checks the Grievance Box on a daily basis.

	<p>The Administrative Investigator was interviewed onsite and confirmed that he has never received a grievance or any note in the drop box (Grievance Box) that alleged sexual abuse of a resident at the Home. However, if such a situation were to occur in the future, he described how he would be required to follow the same mandatory reporting requirements as for any other type of allegation made at the Home. For example, if he receives a grievance alleging sexual abuse, this would be immediately reported to Baton Rouge PD, the administrative team, OJJ, and the Louisiana Division of Child and Family Protective Services. The situation would not be handled merely as a grievance; instead, it would be immediately converted to a criminal and administrative investigation.</p> <p>Furthermore, all residents are educated on the mandatory reporting requirements as set forth by the PREA standards and Louisiana State Law during the initial PREA orientation and comprehensive education process that is provided by the PC. In addition, the auditor confirmed that this mandatory sexual abuse reporting requirement is documented in the resident PREA Brochures and resident PREA education presentation.</p> <p>Note: Even though it was determined that the HCI Group Home converts all grievance alleging sexual abuse, the agency ensures consistency with the requirements of this PREA standard by having their Policy on the Exhaustion of Administrative Remedies. Upon the auditor’s review, this Policy was found to include all the elements of this PREA standard; however, as noted in this section, the requirements of this PREA standard do not apply at the HCI Group Home.</p> <p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b><u>115.353</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Resident Access to Outside Support Services and Legal Representation</li> <li>• PAQ</li> <li>• MOU with Sexual Trauma Awareness &amp; Response (STAR)</li> </ul>



- STAR Website
- 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan

**Interviews:**

- All the DCS (5)
- Home Manager
- All the Residents at the Group Home (7)

**Site Review Observations:**

During the onsite, the auditor observed the signs posted throughout the facility that included information on how residents can contact the local children's advocacy center for emotional support services related to sexual abuse. These signs included the address and phone number for the STAR organization, and residents are advised of confidentiality limitations and mandatory reporting requirements prior to contacting the advocacy center.

In addition, a resident at the Group Home during the onsite inspection assisted the auditor with making a test call to the STAR organization. The resident used the Home's cordless phone to call the STAR hotline number posted on the STAR sign in the dining room. After placing the call, the auditor confirmed on speaker phone that the STAR organization is able to provide emotional support services related to sexual abuse. The operator confirmed that a specially trained victim advocate from STAR is available 24/7 to provide emotional support services related to sexual abuse and other victim advocacy services.

**Explanation of Determination:**

**115.352 (a-d):**

In order to assess for compliance with the requirements of this PREA standard in practice at the Group Home, the auditor interviewed all the DCS working at the Group Home, the Home Manager, and all the residents living in the Group Home during the onsite. The residents all were aware of the STAR signs that are posted throughout the facility and shared how they are able to contact this organization for help with emotional support related to sexual abuse. In addition, the residents indicated they would be able to speak with an advocate over the phone or in-person in a confidential and private type setting, much like meeting with a therapist. The staff interviewed also were aware of the STAR posters and advised that residents are able to request to contact this organization if needed for emotional support services. The call would be made much like a counselor or family phone call would be made, while ensuring the youth are supervised while still allowing for sound separation to ensure confidentiality and safety is maintained.

In addition, the auditor examined the MOU the HCI has with STAR, as well as reviewed STAR's website. The following services were confirmed to be provided by

STAR to any resident at the Home:

- STAR agrees to provide the Harmony Center with educational opportunities for staff to better equip them with the knowledge and skill to address any policy changes regarding sexual assault disclosures and awareness, train staff to understand what sexual trauma is, educate staff on how to respond to disclosures, and provide resource and referral information. Some of these services may need to be provided based on a fee.
- STAR agrees to accepting clients on a case by case basis from the Harmony Center. This will be subject to the survivor agreeing that they want services and only after they are screened by licensed counselor or social worker at STAR. If the survivor needs services that STAR cannot provide, i.e. more extensive treatment plan for severe treatment plan for severe mental health illness, STAR will provide a referral for qualified counseling center.
- Clients residing in the facilities operated by the Harmony Center, Inc. do not incur any cost for services provided.
- STAR® provides supportive services to survivors to reduce their experience of trauma. Our advocacy, counseling and legal services are available to youth and adult survivors of sexual violence at no cost, and are intended to assist you at any stage of your healing. Our staff creates a safe, supportive, confidential environment where survivors are welcomed and supported. At STAR®, we believe that every survivor has the right to services, regardless of their background, gender, race, ethnicity, ability, gender identity, sexual orientation, weight, or decision to report. You are eligible for services no matter how much time has passed since the assault.

To further assess for compliance with this PREA standard in agency Policy, the auditor read the agency's Policy on Resident Access to Outside Support Services and Legal Representation, which includes the following information pertinent to the provisions of this PREA standard:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, all resident will have access to outside support services and legal representation.
- It is the policy of the Harmony Center, Inc. to allow residents the opportunity to communicate with outside victim advocates by making accessible mailing address and telephone numbers of local, State, and/or national victim advocacy or rape crisis organizations.
- At Harmony Center Inc. the following procedure for providing access to outside support services and legal representation will be adhered to:
- The HCI will provide resident with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local. State. Or national victim advocacy or rape crisis organizations and for persons

detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

- The HCI will inform residents, prior to giving them access, of the extent which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- The HCI will maintain or attempt to enter into memoranda of understanding or other agreements with community services providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentations showing attempts to enter into such agreements.
- The HCI will also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The auditor also reviewed the 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan, which outlines the following regional plan (Baton Rouge, LA region) for responding to victims of Sexually-Oriented Criminal Offenses (SOCO):

- In compliance with Louisiana law, this plan/protocol is intended to improve Region 2's response to victims of SOCO and to comply with the sexual assault forensic examination process, and the treatment of and billing for the victims. Each parish Coroner may opt into the Region 2 plan or may choose to create an independent plan. All parishes in Region 2 have chosen to participate in this plan. This Plan outlines the following related to victim advocacy for youth in the Baton Rouge Region:
- Sexual assault advocates are made available by our local sexual assault center, STAR (Sexual Trauma Awareness and Response) and the Baton Rouge Children's Advocacy Center (BRCAC). STAR's trained advocates are available 24/7 to respond to calls from the hospital or police to accompany SOCO victims to hospitals and police stations in the aftermath of a SOCO. STAR's advocates offer advocacy, support, crisis intervention, information, language assistance services, and referrals before, during, and after the exam process. STAR also provides comprehensive, long-term services designed to aid survivors in addressing other needs related to the assault, including but not limited to counseling, advocacy, and legal representation. The BRCAC receives referrals from LE and DCFS, hospitals, healthcare providers and EBRPCO SANEs. BRCAC provides or facilitates forensic interviewing, assists in investigations and prosecutions, provides family advocacy in order to access community resources, and provides trauma focused therapy for the victims and their non-offending caregivers.

Lastly, the auditor confirmed with the residents and staff interviewed that all youth at the Group Home are able to contact their approved family members on a daily

basis via the Home's cordless phone. Additionally, in-person visits and furloughs are approved on a case-by-case basis, with resident's having the right to in-person visitation on a weekly basis. For attorney contacts, the residents and staff explained that the youth's Social Worker and/or Case Manager would be able to arrange for an attorney phone call or visit. There are no restrictions placed on attorney visits or phone calls.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.354</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• Agency's PREA Policy</li> <li>• PAQ</li> <li>• Break the Silence PREA Poster</li> <li>• Sexual Trauma Awareness &amp; Response (STAR) Poster</li> <li>• HCI Website (<a href="http://www.harmonycenter.org/disability-care-prea">www.harmonycenter.org/disability-care-prea</a>)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• All DCS (5)</li> <li>• Home Manager</li> <li>• Administrative Investigator</li> <li>• PC</li> <li>• All the Residents Assigned to the Home (7)</li> </ul> <p><b>Site Review Observations:</b></p> <p>During the onsite, the auditor observed the PREA signs posted throughout the facility that included information on how residents are able to make a third party report to anyone from outside the facility, including the STAR organization, Louisiana State Police/OJJ Investigative Services, and LaFASA.</p> <p><b>Explanation of Determination:</b></p>

**115.354 (a-d):**

The third-party posters were confirmed to be strategically placed in areas of the Home that all who enter are able to view. For example, there are two large Break the Silence PREA posters downstairs, one in the dining room and one in the living room, as well as a STAR poster in the dining room. In addition, there is another Break the Silence PREA poster upstairs- on the wall as soon as you step into the upstairs hallway.

However, the auditor examined the agency's website and did not find any third-party reporting information. The PC was notified of this issue in an Issue Log prior to the onsite and has since reached out to the agency's Secretary to ensure this information is added to their website as soon as possible. This lack of third-party reporting information being made publicly available caused the agency to be in non-compliance with this PREA standard until the information is added to the agency's website.

The auditor interviewed the residents at the Home during the onsite, who all explained how they can make a third-party PREA report to a teacher at school, to their counselor (contracted), to their parents/family, to a friend, directly to the police, or by calling one of three hotline reporting numbers posted at the Home. Additionally, all the staff interviewed also described these third-party reporting methods available to residents.

Additionally, the Administrative Investigator for the agency, the Home Manager, and the PC were interviewed onsite, and each of these managers confirmed how any third-party report of sexual abuse or sexual harassment involving a resident from the Group Home would be immediately reported to the proper authorities and investigated. For allegations of sexual abuse, the Baton Rouge PD, OJJ, and State Police would be immediately contacted to ensure a criminal investigation is quickly initiated.

**Corrective Action Summary:**

Prior to this report being completed, the auditor verified that the HCI updated its website ([www.harmonycenter.org/disability-care-prea](http://www.harmonycenter.org/disability-care-prea)) to include the third-party reporting information pursuant to the requirements of this PREA standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.361**

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

- HCI Policy on Staff and Agency Reporting Duties
- HCI Policy on the Reporting of Accidents/Incidents (Abuse/Neglect)
- HCI Policy on the Internal Investigation of Incidents and Allegations Abuse/Neglect
- PAQ
- Reporting and First Responder Training Curriculum & Verifications

**Interviews:**

- All Direct Care Staff/DCS (5)
- Home Manager
- Director of Nursing
- Contracted MHP

**Site Review Observations:**

During the onsite, the auditor observed the signs posted throughout the facility that included information describing the mandatory reporting requirements for all adults who enter the facility.

**Explanation of Determination:**

**115.361 (a-f):**

According to the agency's policies related to staff and agency reporting duties pursuant to the provisions of this PREA standard:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, we require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding and incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the Harmony Center, Inc.
- It is the policy of the Harmony Center, Inc. that staff will report any knowledge, suspicion or information given to them in regards to an incident of sexual abuse or sexual harassment. The information will be given verbally to the immediate supervisor, followed by a written report of the incident, documenting the resident(s) or staff involved, the date and time of the incident and place the incident took occurred. This information will be communicated to the Home Manager immediately who will forward it to the

PREA Coordinator. The investigation will begin immediately following the receipt of the allegation, with the final report being prepared not more than five working days from the start of the investigation. The HCI Administrator will coordinate actions taken by HCI staff first responders, medical and mental health practitioners, investigators and HCI leadership. The Investigative Findings will be reviewed within 30 days of the completion of the Internal Investigation by the PREA Coordinator and the SART.

- At Harmony Center Inc. the following procedure for investigating incidents and allegations of sexual abuse and/or sexual harassment will be adhered to: Upon receipt of the allegation or information which prompts concerns that inappropriate sexual activities have occurred, the immediate Supervisor will be contacted, he/she will contact the PREA Coordinator who will immediately assign the Internal Investigator to conduct the investigation.
- The staff reporting duties will include the following protocol as determined by 115.361 of the PREA Standards:
- The HCI requires that all staff to report immediately and according to policy any knowledge, suspicion, or information they receive regarding and incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the Harmony Center, Inc.
- The HCI requires that all staff report immediately and according to policy any retaliation against residents or staff who reported such and incident.
- Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials, as well as to the designated State or local services agency where required by mandatory reporting laws.
- Such practitioners will be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.
- Upon receiving any allegation of sexual abuse the PREA Coordinator or his designee will promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.
- If the alleged victim is under the guardianship of the Department of Children and Family Services, the report will be made to the alleged victim's caseworker.
- If a juvenile court retains jurisdiction over the alleged victim, the PREA Coordinator or his designee will report the allegation to the juvenile's attorney or other legal representative on record within 14 days of receiving the allegation.
- The HCI requires that all staff report immediately and according to policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- The HCI requires all staff to comply with any applicable mandatory child abuse reporting laws.
- The HCI will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

- Aside from reporting to the designated supervisors or officials and designated State or local service agencies, HCI policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The auditor interviewed all the direct care staff employed at the Home during the onsite (five DCS and one Home Manager), who all expressed their knowledge of the mandatory reporting protocols required at the facility. The staff all shared how they would immediately and according to policy report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation, and staff neglect. The reporting procedures for allegations of sexual harassment, retaliation, and staff neglect situations were described by each staff member- with the mandatory reporting steps involving immediately reporting to their immediate supervisor and/or the PC. Furthermore, for any situations involving alleged sexual abuse of a resident, the staff shared that these situations require immediate notification to not only their immediate supervisor and the PC but also the state governing agency (LA State Police and LA Department of Children & Family Services/DCFS) and local law enforcement agency (Baton Rouge PD).

The staff members interviewed also confirmed they have been trained on the confidentiality requirements associated with working with juveniles in the facility. For example, they shared how they 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.

The auditor also reviewed the PREA training for staff, which includes the mandatory reporting requirements pursuant to the PREA standards and state mandates. In addition, as detailed in section 115.331 of this report, all staff are trained on these requirements when they are first hired and annually through refresher PREA trainings.

The contracted MHP and full-time Registered Nurse with the HCI were interviewed and shared in their individual interviews how they are required to following the mandatory reporting requirements of the state and are required to immediately report sexual abuse to designated supervisors, PC, local law enforcement (Baton Rouge PD), and the state governing agencies (LA State Police and DCFS).

Furthermore, it was clarified how if the situation involved alleged sexual harassment of a resident, this would be immediately reported to designated supervisors, the PC, and DCFS; however, law enforcement notification in a sexual harassment allegation would be assessed on a case-by-case basis by the HCI administrative team to determine if it is necessary to contact law enforcement.

The auditor also reviewed the PREA training for medical and mental health professionals at the facility, which includes the mandatory reporting requirements



pursuant to the PREA standards and state mandates. In addition, as detailed in section 115.335 of this report, all medical and mental healthcare professionals are trained on these requirements before having contact with residents in the facility and annually through refresher trainings completed throughout their career.

The Director of Residential Services was interviewed and confirmed that all allegations of sexual abuse, sexual harassment, retaliation, and staff neglect are taken seriously and, therefore, always required to be immediately reported up the chain of command and investigated accordingly. Moreover, for any situations involving alleged sexual abuse, notification is immediately made to the appropriate law enforcement authorities (DCFS, State PD, and Baton Rouge PD) so that a prompt and thorough criminal investigation can be quickly initiated. In addition, the parent/guardian and other notifications requirement by the PREA standards are required as part of the agency’s mandatory response plan protocols, and such documentation would be documented.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

115.362	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.362</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Agency Protection Duties</li> <li>• PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• All DCS (5)</li> <li>• Home Manager</li> <li>• Director of Residential Services</li> <li>• PC</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.362:</b></p> <p>As per the agency’s Policy on Agency Protection Duties:</p>

- It is the intent of the Harmony Center, Inc. (HCI) to develop a policy with regard to HCI staff protecting residents from substantial risk of imminent sexual abuse or sexual harassment.
- HCI will ensure that all residents will be safe from any form of sexual abuse or sexual harassment by providing adequate supervision and oversight when it brought to the agencies attention that the resident is subject to substantial risk of imminent 'sexual abuse or sexual harassment.
- HCI will ensure that proper staff to client ratio is in place, (i.e. 1:6 during waking hours and 1:12 during sleeping hours.) to make sure that resident is protected when to possibility of substantial risk of imminent sexual abuse or sexual harassment has been brought to the attention of facility staff.
- HCI will ensure that adequate staff will be in place on each shift, 8-4, 4-12, 12-8.
- HCI will ensure that staff on each shift is informed of the substantial risk of imminent sexual abuse or sexual harassment of any resident in the facility.

All the staff interviewed onsite (5 DCS and Home Manager) shared in their individual interviews how they are required, as a matter of agency policy, to take immediate action to prevent injury to a resident. For situations where a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment, the staff shared how they would ensure the youth in danger is immediately separated from the alleged threat, allowed to provide a statement, and provided the opportunity to speak with a supervisor and/or counselor to help with ensuring the situation is handled safely and effectively. In addition, the staff advised how the on-shift/duty supervisor would be notified, and the housing and programming assignments of those involved in the situation would be reassessed by management to ensure the safety of all youth in the facility. Other protective measures, such as disciplinary action for any youth found to have caused a threatening situation and intensive monitoring practices, were provided by the staff interviewed.

In addition, the staff interviewed were presented a hypothetical situation explained by the auditor as a resident confiding in them and reporting that another resident at the Home was engaging in bullying and sexually threatening verbal behavior (sexual harassment type situation). Each staff sufficiently shared how they would take immediate action to ensure the resident being threatened is safe and the bullying and harassment is addressed by the staff involved and management. It was further explained how the youth being harassed would be separated from the resident perpetrator of the harassment and management would investigate the situation to determine the facts and to develop a plan of action. The resident perpetrator in this type of situation may be discharged from the Group Home, placed on a type of no-contact, and/or re-assigned to a different room/bed at the Home. In addition, the staff advised that all the residents would be reminded of the agency's zero tolerance policy against any form of sexual abuse, sexual harassment, retaliation for reporting, and staff neglect.

The Director of Residential Services and PC also confirmed that immediate action would be taken to protect a resident who is subject to a substantial risk of sexual

	<p>abuse or sexual harassment. They shared that all staff are required to take immediate action to protect residents from any perceived or observed harm or threat, with separation from the threat expected to be the first action taken by any staff member who learns that a youth is at risk of harm. In addition, it was confirmed how the immediate supervisor (Home Manager) in such a situation is required to be notified immediately to ensure the protective measures available at the facility can be effectively implemented to protect the resident throughout his/her stay at the facility.</p> <p>All the staff interviewed, the Director of Residential Services, and the PC all confirmed that they could not recall a situation at the Group Home that involved a resident at the Home found to be at a substantial risk of imminent sexual abuse.</p> <p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.363</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Reporting to Other Confinement Facilities</li> <li>• PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services</li> <li>• PC</li> <li>• All the Residents at the Group Home (7)</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.364 (a-b):</b></p> <p>According to the agency’s Policy on Reporting to Other Confinement Facilities:</p> <ul style="list-style-type: none"> <li>• It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious, whether</li> </ul>

occurring on HCI grounds or another location. As such, the appropriate agencies will be notified immediately upon discovery of any incident of sexual abuse and/or sexual harassment.

- It is the policy of the Harmony Center, Inc. that following the intake if any resident expresses knowledge of an incident of sexual abuse and/or sexual harassment, whether it involved the resident or another individual, it will be reported to the appropriate individual or agency immediately.
- At Harmony Center Inc. will provide the following:
  - Upon receiving an allegation that a resident was sexually abused while confined at another facility, the HCI staff that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and will also notify the appropriate investigative agency.
  - Notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation.
  - The HCI will document that it has provided such notification.
  - The facility head or agency office that receives such notification will ensure that the allegation is investigated in accordance with these standards.

The PC and Director of Residential Services advised that there has not been a situation at the Group Home involving a report of sexual abuse that allegedly occurred at another facility. The administrators each confirmed this during their interviews onsite and noted this in the PAQ and on a signed Statement of Fact document. Even though such a situation has not occurred at the Group Home during this audit review period, they were able to sufficiently explain the reporting and investigative procedures that would follow such a report. For example, the administrators shared that the facility head at the facility where the sexual abuse allegedly occurred would be promptly notified, as well as the appropriate law enforcement agency with criminal jurisdiction and the Louisiana DCFS. The PC advised she would be the primary point of contact during the investigation and ensure the applicable PREA provisions are adhered to throughout the investigative process and thereafter. Furthermore, the PC and Director advised that the alleged victim's parent/guardian would be notified and kept apprised of the situation.

Additionally, each resident living at the Home was interviewed by the auditor and asked if they have ever reported or been involved in any type of PREA situation while at the Home. Each resident confirmed that they have not made such a report or been involved in a situation of sexual abuse, sexual harassment, retaliation, or staff neglect.

Lastly, upon the auditor's analysis of the PREA investigative file for the one sexual abuse allegation reported from the Home during the three year audit review period, it was confirmed that the allegation did not indicate the alleged sexual abuse occurred while a resident from the Home was confined at another facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

**115.364 Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.364**

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

- HCI Policy on Staff First Responder Duties
- PAQ
- First Responder Training Curriculum & Verifications
- PREA Investigative File

**Interviews:**

- All DCS (5)
- Home Manager
- PC
- Administrative Internal Investigator
- Explanation of Determination:

**115.364 (a-b):**

According to the agency's Policy on Staff First Responder Duties:

- It is the intent of the Harmony Center, Inc. (HCI) to develop a policy with regard to HCI staff first responder duties after learning of an allegation of sexual abuse or sexual harassment.
- Procedures:
  - HCI will ensure that all staff upon hearing of an allegation of sexual abuse or sexual harassment follows the correct procedure in protecting the resident and protecting the crime scene.
  - HCI staff will separate the alleged victim from his abuser;
  - HCI staff will preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;\_
  - If the abuse occurred within a time period that still allows for the collection of physical 1 evidence, HCI staff will request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating;  
and

- If the abuse occurred within a time period that still allows for the collection of physical evidence, HCI staff will ensure that the alleged abuser does to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth; changing clothes, urinating, defecating, smoking, drinking, or eating.
- If the first staff responder is not a security staff member, responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify appropriate staff.

The staff interviewed stated in their individual interviews how they have been trained in the first responder duties pursuant to the requirements of this PREA standard. For example, the staff were asked how they would respond to a hypothetical sexual abuse situation in progress at the facility, in which all the staff confirmed they would take the immediate action necessary to separate the alleged victim from the abuser, call for staff assistance, preserve and protect the scene, and instruct the victim and perpetrator to not take any action that could contaminate or destroy usable physical evidence. In addition, the staff understood their role in situations of resident sexual abuse at the facility, which includes ensuring the victim's safety and preserving/protecting the scene to allow law enforcement to be called in immediately for a criminal investigation and to provide necessary victim assistance through the local children's advocacy center and other official agencies involved in the sexual abuse response plan. The staff confirmed they were trained in these PREA first responder duties when they were first hired and annually through PREA refreshers.

The auditor reviewed the training curriculum provided to staff members upon hiring and during annual PREA training refreshers, confirming that these trainings include the first responder duties required by this PREA standard. In addition, as detailed in section 115.331 of this report, the auditor was able to successfully verify that this training program has been fully implemented at the facility in practice.

The PC was asked specific questions related to the first responder steps taken upon the facility being informed of the alleged sexual abuse at the Home during the audit review period. The PC advised that this allegation was learned after a resident was transported to the local hospital due to a medical condition reported by the resident. Upon the resident's discharge from the hospital and the PC being notified of the allegation, the PC advised she and the internal investigator for the agency took immediate action to ensure the alleged perpetrator was discharged from the Home and the State PD and local law enforcement were immediately notified.

Additionally, the required medical follow-ups (forensic medical examination), victim advocacy services, and mental health services were all scheduled and provided pursuant to the applicable PREA standards. The PC provided the auditor with the internal investigative file for this sexual abuse allegation, which included sufficient documentation to demonstrate how the facility took the appropriate first responder steps pursuant to the requirements of this PREA standard.

	<p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.365</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Coordinated Response Policy</li> <li>• PAQ</li> <li>• Office of Juvenile Justice (OJJ) Coordinated Response to Sexual Abuse Incidents (form)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services</li> <li>• Internal Administrative Investigator</li> <li>• PC</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.365:</b></p> <p>According to the agency’s Coordinated Response Policy:</p> <ul style="list-style-type: none"> <li>• It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, a coordinated response will be put in place and an Internal Investigation will be conducted to determine what occurred and plan corrective actions accordingly.</li> <li>• It is the policy of the Harmony Center, Inc. to conduct a coordinated Internal Investigation whenever a situation is alleged to have occurred involving Sexual Abuse and/or Sexual Harassment. The investigation will begin immediately following the receipt of the allegation, with the final report being prepared not more than five working days from the start of the investigation. The HCI Administrator will coordinate actions taken by HCI</li> </ul>

staff first responders, medical and mental health practitioners, investigators and HCI leadership. The Investigative Findings will be reviewed within 30 days of the completion of the Internal Investigation by the PREA Coordinator and the SART.

- At Harmony Center Inc. the following procedure for investigating incidents and allegations of sexual abuse and/or sexual harassment will be adhered to: Upon receipt of the allegation or information which prompts concerns that inappropriate sexual activities have occurred, the PREA Coordinator will immediately assign the Internal Investigator to conduct the investigation. The lead investigator will coordinate the investigation and solicit staff and administration cooperation. The final investigation will be completed within 5 days of its receipt and submitted to the Administration for further action. A Review of the Findings will be conducted within 30 days of its completion by the PREA Coordinator and the SART.
- The internal investigation will include the following protocol as determined by 115.371 of the PREA Standards:
  - The HCI will conduct the investigation promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
  - Where sexual abuse is alleged, the HCI will use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to 115.334.
  - Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
  - The HCI will not terminate an investigation solely because the source of the allegation recants the allegation.
  - When the quality of evidence appears to support criminal prosecution, the HCI will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
  - The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. The HCI will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- Administrative investigations:
  - Will include an effort to determine whether staff actions or failures to act contributed to the abuse; and
  - Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.



- Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- The HCI will retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the HCI, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.
- The departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation.
- Any State entity or Department of Justice component that conducts such investigations will do so pursuant to the above requirements.
- When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed of the progress of the investigation.

In addition, the auditor was provided the facility's written PREA Coordinated Response to Sexual Abuse Incidents document. This documented response plan outlines the action steps required for responding to a sexual abuse incident at the facility and includes the following statement at the top of the form:

- The following checklist explains the protocol which must be completed for each PREA related incident. It includes the actions to be taken by the first responder, medical and mental health staff, investigations, and facility leadership. This checklist has been developed to ensure appropriate notifications are made in a timely and consistent manner. Obtain the following signatures upon the completion of their area of this protocol/ checklist. Form is to be maintained in the youth's file.

The coordinated response plan form also breaks down the roles of staff, first responders, shift supervisor, Facility Director, PC, medical and mental health practitioners, investigators, outside victim support services, and law enforcement authorities.

In addition, the Director of Residential Services, PC, and administrative internal investigator were all interviewed onsite, and each administrator adequately explained how the facility's written response plan would be adhered to for responding to a sexual abuse incident at the facility. For example, the role of each individual in this plan was described, indicating that the PC is the designated primary point of contact and administrator responsible for managing transportation logistics and ensuring that all necessary victim services, notifications, and follow-up services are provided.

The PREA investigative file for the one and only sexual abuse situation the Group Home experienced during the three year audit review period was provided by the PC and reviewed onsite. The PC helped to identified documented evidence that sufficiently demonstrated to the auditor how the administrative team ensured an organized and effective response was enacted for this allegation.

	<p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.366</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Preservation of Ability to Protect Residents from Contact with Abusers</li> <li>• PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.366 (a-b):</b></p> <p>As per the agency’s Policy on Preservation of Ability to Protect Residents from Contact with Abusers:</p> <ul style="list-style-type: none"> <li>• It is the intent of the Harmony Center, Inc. (HCI) to develop a policy with regard to HCI staff having the ability to protect residents from contact with abusers in response to allegations of sexual abuse or sexual harassment.</li> <li>• HCI will ensure that all victims of sexual abuse or sexual harassment is protected from any contact with alleged abusers at all times.</li> <li>• Neither HCI nor any other governmental entity responsible for collective bargaining on the HCI' s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the HCI's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</li> <li>• Nothing in this policy will restrict the entering into or renewal of agreements</li> </ul>

that govern:

- The conduct of the disciplinary process; 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.

In addition, the Director of Residential Services for the HCI was interviewed and confirmed that the facility has never entered into, nor will it ever enter into, any type of collective bargaining agreement. Moreover, any staff who is found to be alleged perpetrator of sexual abuse would be immediately removed from having access to residents and placed on administrative leave until the outcome of the investigation. At which point, the staff would be terminated if the investigation is substantiated or unsubstantiated. The Director advised that there has not been a situation at the Group Home during the audit review period that involved a staff member as an alleged perpetrator of sexual abuse of a resident.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

115.367	Agency protection against retaliation
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  <b><u>115.367</u></b>  <b>The following is a list of evidence used to determine compliance:</b> <ul style="list-style-type: none"><li>• HCI Policy on Agency Protection Against Retaliation</li><li>• Signed Statement of Fact</li><li>• HCI PREA Retaliation Monitoring Form</li><li>• PAQ</li></ul> <b>Interviews:</b> <ul style="list-style-type: none"><li>• Director of Residential Services</li><li>• Administrator Designated to Monitor Retaliation (PC)</li></ul>

**Explanation of Determination:**

**115.367 (a-f):**

As per the agency's Policy on Agency Protection Against Retaliation:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administrative Agency Investigation will be conducted to determine what occurred, and plan corrective actions accordingly.
- It is the policy of the Harmony Center, Inc. to protect all residents and staffs that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.
- Harmony Center Inc. will provide the following:
  - The HCI will employ multiple protections measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
  - For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff, and shall act promptly to remedy and such retaliation. Items the agency will monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
  - In the case of residents, such monitoring will also include periodic status checks.
  - If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation.
  - An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

As confirmed by the Director of Residential Services, the administrator in charge of monitoring for retaliation is the agency's PC. The PC shared in her interview the retaliation monitoring review process, which would begin as soon as the administration at the facility is first notified of the allegation. This monitoring is taken seriously, as per the PC, and the goal is to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with internal investigations from retaliation by other residents and staff.

The PC also described the multiple protective measures available at the facility to ensure that residents and staff are safe and free from any retaliation. These

protective measures include, but are not limited to, reassessment of programming and housing, severe consequences for any confirmed retaliatory activities or behaviors, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting.

The PC also confirmed the facility's requirement to closely monitor for retaliation for at least 90 days following a report of sexual abuse. It was described that retaliation monitoring includes frequent check-ins with residents and staff, walkthroughs of the facility, and reviews of resident and staff disciplinary reports, incident reports, housing and program changes, performance reviews of staff, and any staff reassignments. The retaliation monitoring process would be documented on the agency's 'PREA Retaliation Monitoring Form' and maintained and stored by the PC.

The PC shared how the retaliation monitoring process would include periodic status checks (as explained in the previous section- above), and any action steps necessary to effectively protect a resident or staff who expresses fear of retaliation. The protective measures were described to include conducting an internal investigation into any allegations involving retaliation and ensuring the safety of all residents and staff during and after the investigation.

In some cases, the monitoring of retaliation may exceed the minimum 90 days and can continue as long as the alleged victim of abuse and/or retaliation is at the facility. This decision to extend the 90 days was explained to be a case-by-case determination. It was also shared that if a resident or staff member is found to have engaged in sexual abuse and/or retaliation at the facility, the perpetrator would be charged criminally and, therefore, removed from the facility entirely. If a resident perpetrator is allowed to remain at the facility, resident disciplinary action will be enforced, and the perpetrator will be subject to sight and sound separation from the victim and closely monitored at all times.

In order to showcase how the facility complied with the requirements of this PREA standard in practice for the one and only sexual abuse allegation reported by a resident at the Group Home during the audit review period, the PC provided the auditor with the retaliation monitoring documentation maintained for this allegation. The form was completed by the PC and includes the following information:

- Log the monitoring on the appropriate line (first monitoring on Line 1, second on Line 2, etc.):
- No retaliation reported -write no under Code(s) for that check
- Retaliation reported - write date (month/day/year) PREA Coordinator was notified in box. Document alleged retaliation in an incident report and forward it to the PREA Coordinator.
- For sexual harassment, one initial check is required to ensure no retaliation is occurring. Sexual abuse monitoring will continue over a 90-day period.
- Submit the completed form to the PREA Coordinator after 90 days of monitoring, unless the coordinator determines continued monitoring is

	<p>necessary, in which case submit the completed form once alerted by the PREA Coordinator that monitoring is no longer required.</p> <ul style="list-style-type: none"> <li>• Codes used to notate results of checks can include:</li> <li>• Resident checks: Disciplinary report (DR), Housing change (HG), Program change (Prog.), Other (0)</li> <li>• Staff checks: Performance review (PR), Assignment change (AC), Other (0)</li> <li>• The specific code can be noted but is not required.</li> </ul> <p>Additionally, this document detailed each check in conducted by the PC in accordance with the retaliation monitoring process. For example, check in dates were documented for 4/10/24, 4/16/24, 4/22/24, 4/30/24, 5/4/24, 5/10/24, &amp; 5/13/24. The last documented check in states that the alleged resident victim in this case was discharged from the Group Home on 5/13/24; therefore, ending the retaliation monitoring on this date.</p> <p>Lastly, the PC provided the auditor signed Statement of Fact documents that verify the Group Home has not experienced a situation of alleged or suspected retaliation during the audit review period.</p> <p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.368</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Placement of Residents in Housing, Bed, Program, Education, and Work Assignments</li> <li>• PAQ</li> <li>• Signed Statement of Fact</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services</li> <li>• PC</li> <li>• Director of Nursing</li> </ul>

- Contracted MHP

**Explanation of Determination:**

**115.368:**

As per the agency's Policy on Placement of Residents in Housing, Bed, Program, Education, and Work Assignments:

- It is the belief of the Harmony Center, Inc. that residents should be housed to a safe and caring environment free from sexual abuse and/or sexual harassment at all times.
- It is the policy of the Harmony Center, Inc. that residents will be screened according to 115.341 of the PREA Standards and will be placed two to four to a room. The decision as to roommates will be determined based on the judgement of the home manager and subsequently on the relationships developed between the roommates.
- The HCI will adhere to the following procedures to ensure a safe and secure environment:
  - The HCI will use all information obtained pursuant to 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all resident safe and free from sexual abuse and/or harassment.
  - Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will the HCI consider lesbian, gay bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
  - In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the HCI will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
  - Placement and programming assignments for each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the resident.
  - A transgender or intersex resident's own views with respect to his or her own safety will be given serious consideration.
  - Transgender and intersex residents will be given the opportunity to shower separately from other residents.

In addition, the PC provided the auditor with a signed Statement of Fact, which confirms that during the audit review period, there were zero residents found to have suffered sexual abuse and who were placed in any form of isolation.

Additionally, the PC and Director of Residential Services for the Group Home advised that the Group Home does not use any form of isolation at the Home. This

	<p>is not possible or legally acceptable due to the dynamics of the Group Home and state mandated standards and guidelines related to the isolation of resident.</p> <p>Moreover, this was verified by the auditor onsite, in which it was confirmed that the Home’s programming does not allow for youth to be isolated, with none of the rooms outfitted with locking mechanisms.</p> <p>Lastly, the auditor spoke with the Director of Nursing and one of the two contracted MHP’s, who both confirmed that they are able to freely and without restrictions meet with any resident at the Home and provide the applicable services.</p> <p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.371</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Criminal and Administrative Agency Investigations</li> <li>• PAQ</li> <li>• Investigative Documents</li> <li>• PREA Investigative File Review</li> <li>• OJJ PREA Coordinated Response to Sexual Abuse Incidents Document</li> <li>• Letter sent to the Chief of the Baton Rouge Police Department (BRPD)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services</li> <li>• Internal Administrative Investigator</li> </ul> <p><b>Site Review Observations:</b></p> <p>Following the assessment of the security measures in place to safeguard sensitive data collected and maintained in accordance with PREA standards, the auditor did not identify any issues related to non-compliance with the requirements of this PREA standard. The PC’s office, where the PREA investigative documents are stored, was found to be a secure office that included a double level of security- lock on the office</p>



door and lock on the filing cabinets. In addition, the door into the administrative building is locked and on camera view, with a receptionist at the front desk to unlock the entry door to allow access into the building.

**Explanation of Determination:**

**115.371 (a-m):**

According to the agency's policy on Criminal and Administrative Agency Investigations:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administrative Agency Investigation will be conducted to determine what occurred, and plan corrective actions accordingly.
- It is the policy of the Harmony Center, Inc. to conduct an Internal Investigation whenever a situation is alleged to have occurred involving Sexual Abuse and/or Sexual Harassment. The investigation will begin immediately following the receipt of the allegation, with the final report being prepared not more than five working days from the start of the investigation. The Investigative Findings will be reviewed within 30 days of the completion of the Internal Investigation by the PREA Coordinator and the SART.
- At Harmony Center Inc. the following procedure for investigating incidents and allegations of sexual abuse and/or sexual harassment will be adhered to:
  - Upon receipt of the allegation or information which prompts concerns that inappropriate sexual activities have occurred, the PREA Coordinator will immediately assign the Internal Investigator to conduct the investigation. The lead investigator will coordinate the investigation and solicit staff and administration cooperation. The final investigation will be completed within 5 days of its receipt and submitted to the Administration for further action. A Review of the Findings will be conducted within 30 days of its completion by the PREA Coordinator and the SART.
  - The internal investigation will include the following protocol as determined by 115.371 of the PREA Standards:
    - The HCI will conduct the investigation promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
    - Where sexual abuse is alleged, the HCI will use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to 115.334.
    - Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
  - The HCI will not terminate an investigation solely because the source of the

allegation recants the allegation.

- When the quality of evidence appears to support criminal prosecution, the HCI will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. The HCI will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- Administrative investigations:
  - Will include an effort to determine whether staff actions or failures to act contributed to the abuse; and
  - Will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- The HCI will retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the HCI, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.
- The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
- When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The auditor interviewed the administrator designated as an internal PREA investigator for the facility, who carries the title of Administrative Investigator. This investigator for the facility confirmed that agency policy requires that a prompt, thorough, and objective investigation is conducted internally for all allegations, including third-party and anonymous reports of sexual abuse and sexual harassment. In addition, it was clarified that the local law enforcement agency (Baton Rouge PD) and the state governing agencies (DCFS & OJJ) will be notified of any allegation or incident of sexual abuse of a resident in order for a criminal investigation to be initiated by the proper authorities. In addition, the OJJ has the authority to conduct an administrative investigation at the facility in conjunction with the facility's internal investigation.

As outlined in section §115.334 of this report, the PREA internal investigator at the

facility was found to have successfully completed the required investigator specialized PREA training and sufficiently explained how the investigative training topics required by standard 115.334 were included in the training. The auditor verified that the internal PREA investigation conducted at the facility during the audit review period was carried out in a prompt, objective, and thorough method by the administrative investigator who received special training in sexual abuse investigations involving juvenile victims pursuant to §115.334.

The auditor verified that the facility only has the authority to conduct administrative investigations at the facility and does NOT have the authority to conduct any type of criminal investigation. Therefore, any available DNA evidence would be preserved and protected by the facility administration until law enforcement arrived on scene to collect and conduct the criminal investigation.

The internal investigator explained the difference in responding to a sexual abuse allegation/incident at the facility with responding to a sexual harassment situation.

For example, for any allegation or incident of sexual abuse, law enforcement and the state are contacted immediately to allow the proper authorities to conduct a criminal investigation into the reported incident. In addition, an internal administrative investigation would be promptly initiated when a report of sexual abuse is made that would coincide with the criminal investigation. However, due to the priority of the criminal investigation, the internal investigator emphasized that communication with the criminal investigators is critical to ensure that the administrative investigation does not interfere with the criminal aspect.

Since most all allegations or incidents of sexual harassment at the facility would not be criminal investigated by law enforcement due to no alleged crime committed, the administrative internal investigator clarified that the OJJ would be immediately notified and may elect to conduct an administrative investigation into the report or decide to allow the facility to handle the situation internally. Regardless of whether OJJ conducts an administrative investigation into an allegation of sexual harassment, the facility is required to conduct a prompt, thorough, and objective internal administrative investigation for all allegations of sexual harassment involving a resident. The internal investigator explained the sexual harassment investigative process, which involved the same thoroughness as described for a sexual abuse investigation at the facility. The process includes gathering and preservation of direct and circumstantial evidence, interviewing all parties involved in the allegation, and reviewing prior complaints and reports of sexual abuse/harassment involving the suspected perpetrator.

Furthermore, the internal investigator informed the auditor that all evidence collected for an administrative investigation are shared with criminal investigators and the state, with the PC designated as the primary point of contact during any PREA related investigative process. Additionally, the internal investigator shared that the Director of Residential Services and PC are kept informed of the status of both the administrative and criminal investigations on a continual basis. The logistics involving scheduling interviews and other on-site aspects of the criminal investigation are the responsibility of the internal investigator, PC, and/or Director.

The internal investigator clarified that an internal administrative investigation at the facility would not be terminated for any reason and would continue until an objective determination is made regarding whether the allegation is founded, unfounded, or unsubstantiated, using the preponderance of evidence standard of proof. Furthermore, the credibility of an alleged victim, suspect, or witness is always assessed on an individual basis and would never be determined by the person's status as a resident or staff member. The internal investigator advised that a resident would never be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation of an allegation of sexual abuse; such methods may only be utilized by a criminal investigative entity.

As noted in the sections above, the internal investigator interviewed at the facility confirmed that an administrative investigation is required to be conducted for any allegation involving any form of sexual harassment and sexual abuse of a resident. The internal investigative process includes making the effort to determine whether staff actions or failures to act contributed to the abuse. In addition, all internal administrative investigations are documented in written reports that include a comprehensive description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The internal investigator explained how the local law enforcement agency and state governing agency conduct their own investigations into allegations of sexual abuse/harassment at the facility, with their criminal reports maintained according to each agency's policies and procedures. Furthermore, the referral for criminal prosecution is at the discretion of the criminal law enforcement agency and the appropriate prosecutor assigned to the case. The internal investigator and facility head confirmed this retention requirement during their individual interviews. The internal investigator clarified that an internal administrative investigation at the facility would not be terminated for any reason and would continue until an objective determination is made regarding whether the allegation is founded, unfounded, or unsubstantiated, using the preponderance of evidence standard of proof.

The internal investigator and facility head are designated as the primary points of contact for any sexual abuse investigation. Local law enforcement criminal investigators and state investigators assigned to the case are permitted entry into the facility at any time. The administrators indicated that they maintain contact with these external investigators through phone calls and emails, striving to stay informed about the progress of the investigation.

**PREA Investigative File Review:**

Upon the auditor's analysis of the PREA investigative file for the one sexual abuse allegation of a resident that was reported to have occurred at the Group Home during the three-year audit review period, all the necessary documentation was identified to sufficiently demonstrate compliance with the applicable elements required by this PREA standard. Additionally, the auditor utilized the PREA Document Review Worksheet (Investigation & Response Records) in order to assess

for compliance with the required elements of this PREA standard. Moreover, the auditor also met with the PC and Administrator Internal Investigator who conducted the internal administrative investigation for this allegation, and each administrator answered all the questions asked and sufficiently explained each step of the investigative process.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

115.372	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>115.372</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Evidentiary Standard for Administrative Investigations</li> <li>• PAQ</li> <li>• Investigative Documents</li> <li>• PREA Investigative File Review</li> </ul> <p><b>Interview:</b></p> <ul style="list-style-type: none"> <li>• Internal Administrative Investigator</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.372:</b></p> <p>According to the agency’s policy on the Evidentiary Standard for Administrative Investigations:</p> <ul style="list-style-type: none"> <li>• It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administrative Agency Investigation will be conducted to determine what occurred and plan corrective actions accordingly.</li> <li>• It is the policy of the Harmony Center, Inc. to conduct an Internal Investigation whenever a situation is alleged to have occurred involving</li> </ul>

	<p>Sexual Abuse and/or Sexual Harassment. The investigation will begin immediately following the receipt of the allegation, with the final report being prepared not more than five working days from the start of the investigation. The Investigative Findings will be reviewed within 30 days of the completion of the Internal Investigation by the PREA Coordinator and the SART.</p> <ul style="list-style-type: none"> <li>• At Harmony Center Inc. no standard higher than a preponderance of evidence will be used to determine whether allegations of sexual abuse or sexual harassment are substantiated.</li> </ul> <p>The internal investigator explained that this standard of proof for administrative investigations into allegations of sexual abuse or sexual harassment serves as the level required to substantiate such allegations. This was also confirmed to be true through the auditor’s examination of the PREA investigative report provided by the PC for the one and only sexual abuse allegation investigated at the Group Home during the audit review period.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.373</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Reporting to Residents</li> <li>• PAQ</li> <li>• HCI Internal Investigation Resident/Facility PREA Notification Form</li> <li>• Investigative Documents</li> <li>• PREA Investigative File Review</li> <li>• Signed Statement of Fact</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services</li> </ul>

- PC
- Internal Administrative Investigator

**Explanation of Determination:**

**115.373 (a-f):**

According to the agency's policy on Reporting to Residents:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administrative Agency Investigation will be conducted to determine what occurred, and plan corrective actions accordingly.
- It is the policy of the Harmony Center, Inc. that following an investigation into a resident's allegation of sexual abuse suffered in a HCI facility; the HCI will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- At Harmony Center Inc. will provide the following:
  - If the HCI did not conduct the investigation, it will request the relevant information from the investigative agency in order to inform the resident.
  - Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever;
    - The staff member is no longer posted within the resident's home;
    - The staff member is no longer employed at the facility;
    - The HCI learns that the staff member has been indicted on a charge related to sexual abuse within the home; or
    - The HCI learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
  - Following a resident's allegation that he or she has been sexually abused by another resident, the agency will subsequently inform the alleged victim whenever:
    - The HCI learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
    - The HCI learns that the alleged ab user has been convicted on a charge related to sexual abuse within the facility.
  - All such notifications or attempted notifications shall be documented.
  - The obligation to report under this policy will terminate if the resident is released from the HCI.

The administrative internal investigator, PC, and Director of the Group Home all confirmed in their individual interviews that the facility is required to notify the victim and the victim's parent or guardian of the outcome of any sexual abuse investigation conducted at the facility, pursuant to the requirements of this PREA standard. This information was verified through the auditor's examination of the

	<p>PREA investigative reports provided. The facility utilizes the 'HCI Internal Investigation Resident/Facility PREA Notification Form' to document the notification requirements of this PREA standard, and this document was provided to the auditor as part of the PREA investigative file for the one and only sexual abuse investigation conducted at the facility during the audit review period. Additionally, the PC shared the facility's investigative reporting form, which includes sections for the investigator to complete regarding the outcome of the investigation and the date and time of notifications to the victim and the victim's parent or guardian.</p> <p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b><u>115.376</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Disciplinary Sanctions for Staff</li> <li>• PAQ</li> <li>• PREA Investigative File Review</li> <li>• Personal File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services</li> <li>• Internal Administrative Investigator</li> <li>• Human Resource Director (HR Director)</li> <li>• PC</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.376 (a-d):</b></p> <p>According to the agency's policy on Disciplinary Sanctions for Staff:</p> <ul style="list-style-type: none"> <li>• It is the intent of HCI to hire quality staff in order to provide a caring and safe environment for our residents and in order to meet State and Federal guidelines. To this end, HCI has developed guidelines to ensure quality</li> </ul>



services are provided to our clients in a caring and safe environment free sexual abuse, sexual harassment, physical abuse and/or neglect.

- It is the policy of the HCI to accept applications from persons of all cultural and socioeconomic groups. All applicants will be carefully screened. Character and reference checks will be made to verify information submitted. All employees are expected to comply with HCI standards of behavior and performance. In addition, all staff is to follow and adhere to PREA standards in regards to sexual abuse, sexual harassment, physical abuse and/or neglect.
- Failure to adhere to this policy will result in disciplinary actions as follows:
  - Staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, and physical abuse and/or neglect policies. The forms of discipline are as follows;
  - Reprimand given verbally or in writing;
  - Failure to be recommended for annual pay increase;
  - Involuntary transfer to another job in a lower pay grade or another job in the same pay grade without a reduction in pay;
  - Reduction of compensation without change of pay grade but not below the entrance rate for the job, and/or Disciplinary probation.
  - Termination shall be the presumptive disciplinary action for staff who has engaged in sexual abuse, sexual harassment, physical abuse and/or neglect.
  - Disciplinary sanctions for violations of HCI policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed from comparable offenses by other staff with similar histories.
  - All terminations for violations of HCI sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The administrators interviewed onsite, including the HR Director, Director of Residential Services, PC, and administrative internal investigator. all confirmed that there has not been a situation involving a staff member, volunteer, or contractor who was found to have engaged in any form of resident sexual abuse during this audit review period. This was also confirmed to be true through the evidentiary documentation review for this audit, which included an examination of the one and only PREA investigation conducted in the past 3 years prior to this audit. The administrators further stated that termination is the presumptive disciplinary sanction for staff found to have engaged in sexual abuse or sexual harassment of a resident.

Lastly, the HR Director assisted the auditor with the HR personnel file review

conducted for this PREA audit. Upon the conclusion of this review, no evidence was identified to indicate that a staff, volunteer, or contractor was involved in a violation of the agency's PREA policies. This was also corroborated by the signed Statement of Facts signed off on by the PC, which confirmed during the audit review period there has not been a situation involving disciplinary action related to a violation of the PREA standards for staff, volunteers, or contractors.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

115.377	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>115.377</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Corrective Action for Contractors and Volunteers</li> <li>• PAQ</li> <li>• PREA Investigative File Review</li> <li>• Personal File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Residential Services</li> <li>• Internal Administrative Investigator</li> <li>• Human Resource Director (HR Director)</li> <li>• PC</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.377 (a &amp; b):</b></p> <p>According to the agency's policy on Corrective Action for Contractors and Volunteers:</p> <ul style="list-style-type: none"> <li>• It is the intent of HCI to provide interested and qualified citizens with an opportunity to contribute to the growth and development of all HCI residents</li> </ul>

through participation in the provision of a program of active treatment. The HCI believes that both the citizens who donate their time and those who are recipients of the HCI services are provided with an opportunity to learn from one another.

- It is the policy of the HCI to accept applications from persons of all cultural and socioeconomic groups. All applicants will be carefully screened. Character and reference checks will be made to verify information submitted. All Volunteers and/or Contractors will be properly trained according to 115.332 of the PREA Standards. HCI will ensure that staff follows policy and procedure regarding sexual abuse, sexual harassment, physical abuse and/or neglect at all times.
- At Harmony Center Inc. the following procedure for Corrective Action will be implemented should Volunteers and Contractors fail to follow proper procedure regarding sexual abuse, sexual harassment, physical abuse and/or neglect:
  - Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
  - The HCI will take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The administrators interviewed onsite, including the HR Director, Director of Residential Services, PC, and administrative internal investigator. all confirmed that there has not been a situation involving a staff member, volunteer, or contractor who was found to have engaged in any form of resident sexual abuse during this audit review period. This was also confirmed to be true through the evidentiary documentation review for this audit, which included an examination of the one and only PREA investigation conducted in the past 3 years prior to this audit. The administrators further stated that termination is the presumptive disciplinary sanction for staff found to have engaged in sexual abuse or sexual harassment of a resident.

Lastly, the HR Director assisted the auditor with the HR personnel file review conducted for this PREA audit. Upon the conclusion of this review, no evidence was identified to indicate that a staff, volunteer, or contractor was involved in a violation of the agency's PREA policies. This was also corroborated by the signed Statement of Facts signed off on by the PC, which confirmed during the audit review period there has not been a situation involving disciplinary action related to a violation of the PREA standards for staff, volunteers, or contractors.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 411 378"><b><u>115.378</u></b></p> <p data-bbox="280 412 1315 445"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="352 517 1342 797" style="list-style-type: none"> <li>• HCI Policy on Interventions and Disciplinary Sanctions for Residents</li> <li>• HCI Disciplinary Hearing Meeting Minutes Form</li> <li>• Signed Statement of Fact</li> <li>• PAQ</li> <li>• Investigative Documents</li> <li>• PREA Investigative File Review</li> <li>• HCI Compliant Box Monitoring Form 2024</li> </ul> <p data-bbox="280 842 459 875"><b>Interviews:</b></p> <ul data-bbox="352 947 895 1227" style="list-style-type: none"> <li>• Director of Residential Services</li> <li>• Internal Administrative Investigator</li> <li>• All DCS (5)</li> <li>• Home Manager</li> <li>• All Residents Living at the Home (7)</li> <li>• Director of Nursing</li> <li>• Contracted MHP</li> </ul> <p data-bbox="280 1272 699 1305"><b>Site Review Observations:</b></p> <p data-bbox="280 1339 1474 1585">During the onsite, the auditor confirmed that none of the residents at the facility were isolated in a room due to a PREA related situation. Additionally, the facility did not house youth who identified as LGBTI in specialized housing. Moreover, as noted in sections 115.342 and 115.368 of this report, the HCI Group Home is not built to allow for secure isolation of a resident. The Group Home is a home in the Baton Rouge, LA community that includes bedrooms that lack any type of locking device.</p> <p data-bbox="280 1630 762 1664"><b>Explanation of Determination:</b></p> <p data-bbox="280 1697 528 1731"><b>115.378 (a - g):</b></p> <p data-bbox="280 1765 1410 1843">According to the agency’s policy on Interventions and Disciplinary Sanctions for Residents:</p> <ul data-bbox="352 1910 1453 2067" style="list-style-type: none"> <li>• It is the belief of the administration of the Harmony Center, Inc. that interventions of disciplinary sanctions should occur following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident</li> </ul>

sexual abuse.

- It is the policy of the Harmony Center, Inc. to conduct coordinated interventions and disciplinary sanctions for all residents.
- At Harmony Center Inc. the following procedure for interventions and disciplinary sanctions for residents will be adhered to:
  - A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
  - Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents shall also have access to other programs and work opportunities to the extent possible.
  - The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
  - If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewardsbased behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.
  - The agency may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.
  - For purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
  - An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

All the DCS interviewed explained that they have never been made aware of a situation involving a resident placed on a disciplinary sanction for sexual abuse allegation or incident at the facility. This information was also confirmed by the

Director of Residential Services, Home Manager, PC, and internal investigator.

These administrators elaborated on the disciplinary sanction procedures available at the facility, including the disciplinary seclusion rights of residents. These rights include ensuring that a resident is not denied daily large-muscle exercise or access to any legally required educational programming or special education services for any reason. Furthermore, all residents are required to receive daily visits from a medical and mental health care clinician and have full access to other programming opportunities to the extent possible to ensure the safety and security of the residents. Both the Director of Nursing and the contracted mental health provider interviewed confirmed their ability to have unrestricted access to all residents and reported no issues in meeting with residents when needed.

The PC confirmed this requirement and explained how a resident's mental health diagnosis will be taken into consideration when a supervisor assesses the proper level of disciplinary action to enforce.

The contracted MHP and Director of Nursing interviewed confirmed that the facility will take the necessary steps to assess whether providing a resident offender of sexual abuse therapy intervention services are necessary and available at the facility or through outside counseling.

The residents interviewed, all seven at the Home, indicated that they can make PREA reports without restrictions and knew that a report made in bad faith (e.g., falsely alleging a PREA report) may result in a disciplinary sanction.

The auditor confirmed with all staff interviewed on-site, and through the documentation review process, that the facility prohibits all sexual activity between residents and may discipline residents for such activity, unless it is determined that coercion was not involved.

In addition, the PC provided the auditor with a signed Statement of Fact, which states that there has not been a situation involving disciplining a resident who was found to have been involved in a sexual abuse incident at the Group Home. The PC shared that the one and only sexual abuse allegation reported at the Group Home did not involve any disciplinary action or any type of isolation of residents. The alleged resident perpetrator in this case was discharged from the Home due to a non-PREA related incident (was drug related). The PC advised that if a disciplinary sanction is imposed for a violation of Group Home rules and regulations, the provided 'Disciplinary Hearing Meeting Minutes' form is used to document the details from the hearing.

Lastly, the PC provided the auditor with the agency's 'HCI Compliant Box Monitoring Form' for calendar year 2024. Upon the auditor's review, each month in the year of 2024 indicated that there was not an allegation reported related to abuse or harassment.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the**

	<b>auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.381</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Medical and Mental Health Screenings/History of Sexual Abuse</li> <li>• PAQ</li> <li>• Risk Assessment Form</li> <li>• Random Sample of Completed Risk Assessments</li> <li>• Mental Health Follow-up Documentation</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PC</li> <li>• All Residents at the Group Home (7)</li> <li>• Director of Nursing</li> <li>• Contracted MHP</li> </ul> <p><b>Site Review Observations:</b></p> <p>Following the assessment of the security measures in place to safeguard sensitive data collected and maintained in accordance with PREA standards, the auditor did not identify any issues related to non-compliance with the requirements of this PREA standard. The risk screening forms were found to be securely maintained in a locked area and on camera view, with no unrestricted access allowed.</p> <p><b>Explanation of Determination:</b></p> <p><b>115.381 (a-d):</b></p> <p>According to the agency’s policy on Medical and Mental Health Screenings/History of Sexual Abuse:</p> <ul style="list-style-type: none"> <li>• It is the intent of The Harmony Center, Inc. (HCI) to assure the safety and well being of its residents through its prohibition of contraband on the premises of its facilities. Harmony Center, Inc. (HCI) will provide an an-ay of</li> </ul>

clinical treatment and related services, including psychiatric supports, integration with community resources and skill building taught within context of a safe home like setting.

- The Harmony Center, Inc. (HCI) prohibits the use or maintenance of contraband of any kind. HCI will conduct unannounced searches for contraband in home, office, vehicles and when necessary, we will conduct body searches. Body cavity searches are not allowed. It is the policy of HCL that resident's admission is without regard to race, color, religion, sex national origin, ethnicity or disability. HCL will provide the residents new to the facility receive written orientation materials and/or translation in their own language if they do not understand English. When a literacy problem exists, a staff member shall assist in understanding the material. Completion of orientation is documented by a statement signed and dated by the resident. Each facility has specific program capacity, age limits, and level of residents. Admission policies and criteria will be submitted to the department upon request and made available to the resident and his parent(s), guardian(s) and/or legal representative(s). HCI will provide a 24-hour per day, seven days per week, structured and supportive living environment. HCI will provide community based services, in a homelike environment to residents under the age of 21 who are determined to need psychiatric or psychological services.
- The following procedure will be adhered to in the admission of all residents:
  - If the screening pursuant to 115.41 of the PREA Standards indicates that a resident has experienced prior sexual victimization, whether it occurred in an instructional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with medical or mental health practitioner within 14 days of the intake screening.
  - If the screening pursuant to 115.341 of the PREA Standards indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with medical or mental health practitioner within 14 days of the intake screening.
  - Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioner and other staff, as necessary, to inform treatment plans and scrutiny and management decisions, including housing, bed, work, education, and program. Assignments, or otherwise required Federal, State, or local law.
  - Medical and mental health practitioner shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

The auditor interviewed one the agency's contracted MHP's and the full-time Director of Nursing for HCI, both of whom confirmed during their individual interviews that the facility offers all residents who indicate prior sexual victimization



or abusiveness on the risk screening a follow-up with a mental health professional within 14 days. Moreover, the Director of Nursing advised that a medical professional is required to meet with all newly admitted youth the same day they arrive at the Group Home. This was also confirmed by the auditor through the evidentiary documentation provided, which demonstrated how the Group Home ensures all residents admitted into the program are seen by a medical professional the same day they arrive. Additionally, the PC and contracted MHP advised that the agency's Risk Assessment is conducted on all youth admitted into the program during the initial intake process conducted by the PC, who is a master's level social worker for the agency. The PC shared how she will send a referral, either by email or phone call, to the contracted MHP's (there are two) for any youth who indicate during the intake process that they have been a victim or perpetrator of sexual abuse prior to arriving at the facility. The contracted MHP interviewed stated in her interview that she receives the referrals from the PC, and she will ensure a MHP meets with the youth within 14 days.

The PC confirmed in a signed Statement of Fact, in the PAQ, and in her interview that there has not been a resident in the past 12 months admitted who indicated during the intake process experiencing prior sexual victimization or abusiveness. This was also confirmed to be true through the auditor's Risk Assessment review sampled (detailed further in section 115.341 of this report) and through the resident interviews onsite.

All the DCS interviewed who work at the Group Home, the contracted MHP, and Director of Nursing all expressed the limits of confidentiality for working with juveniles in a secure setting. For example, the staff shared how sensitive information ascertained from the risk screening and other assessments are strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments. The contracted MHP and Director of Nursing advised that a confidentiality warning and informed consent process are completed prior to the initiation of service for all residents at the Home. The MHP advised she is able to meet confidentiality with residents at the Home, and the Director of Nursing confirmed she has a private medical office to conduct the required medical assessments on all youth admitted into the program.

The auditor also interviewed all the residents living at the Group Home during the onsite (total of 7) and asked each youth if they were asked questions from the agency's Risk Assessment. All the youth confirmed that there were asked these questions by the PC when they first arrived at the Home. Additionally, the residents all stated they met with a medical professional upon arrival at the facility, and mental health counseling is provided regularly at the Group Home. The residents shared how they meet with their counselors on a bi-weekly basis at the Home.

The auditor confirmed through the interviews conducted and the onsite and documentation review process that the facility only accepts juveniles under the age of 18 to the Group Home.

	<p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.382</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Access to Emergency Medical and Mental Health Services</li> <li>• PAQ</li> <li>• STAR Website</li> <li>• 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan</li> <li>• Statement of Fact</li> <li>• PREA Investigative File Review</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Director of Nursing</li> <li>• Contracted MHP</li> <li>• PC</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.382 (a-d):</b></p> <p>According to the agency’s policy on Access to Emergency Medical and Mental Health Services:</p> <ul style="list-style-type: none"> <li>• It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. In the event that sexual abuse, sexual harassment, physical abuse and/or neglect have occurred, resident will receive timely medical and/or crisis intervention services.</li> <li>• It is the policy of the Harmony Center, Inc. to provide the victims of sexual abuse, sexual harassment, physical abuse and/or neglect timely, unimpeded</li> </ul>

access to emergency medical treatment and crisis intervention services as determined by medical and mental health practitioners.

- Resident victims of sexual abuse will receive timely emergency medical treatment and crisis intervention services.
- If no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders will take preliminary steps to protect the victim pursuant to 115.362 of PREA standards and will immediately notify the appropriate medical and mental health practitioners.
- Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor interviewed one of the two contracted MHP's and the agency's full-time Director of Nursing, both of whom confirmed during their individual interviews that the access to emergency medical and mental health services pursuant to this PREA standard would be provided to a resident victim of sexual abuse. The level of emergency services that professionals on-site can provide will be based on their professional judgment and within the scope of their applicable practice. For additional emergency services, 911 will be called to transport a resident victim of sexual abuse to the local hospital. The professionals also explained that the local children's advocacy center would be contacted and provide additional victim services at no cost. In addition, they confirmed that all follow-up victim services will be provided to a resident victim of sexual abuse without financial cost.

The PC advised in the PAQ and on a signed Statement of Fact that during the audit review period there has not been a situation related to a PREA allegation or incident that required emergency medical treatment and crisis intervention services.

The HCI Group Home is a home in the Baton Rouge community and is, therefore, not set up for onsite emergency medical or mental health services. Such crisis services and treatment related to a situation of sexual abuse would be provided at the local emergency medical center. In addition, the agency contracts with the Sexual Trauma Awareness & Response (STAR) organization in Baton Rouge, LA to assist with any necessary victim advocacy services. Furthermore, the Director of Nurse, Director of Residential Services, contracted MHP, PC, and Administrative Internal Investigator all confirmed in their individual interviews that is an agency requirement to immediately transport any resident who alleges sexual abuse at the Group Home to the local hospital in order for a licensed medical physician or SANE/SAFE nurse to conduct a forensic medical examination and to ensure the most appropriate crisis medical and mental health services and treatment are provided as soon as possible.

The auditor also reviewed the 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan, which outlines the following regional plan (Baton Rouge, LA region) for responding to victims of Sexually-Oriented Criminal Offenses (SOCO):

- In compliance with Louisiana law, this plan/protocol is intended to improve Region 2's response to victims of SOCO and to comply with the sexual assault forensic examination process, and the treatment of and billing for the victims. Each parish Coroner may opt into the Region 2 plan or may choose to create an independent plan. All parishes in Region 2 have chosen to participate in this plan.
- Sexual assault advocates are made available by our local sexual assault center, STAR (Sexual Trauma Awareness and Response) and the Baton Rouge Children's Advocacy Center (BRCAC). STAR's trained advocates are available 24/7 to respond to calls from the hospital or police to accompany SOCO victims to hospitals and police stations in the aftermath of a SOCO. STAR's advocates offer advocacy, support, crisis intervention, information, language assistance services, and referrals before, during, and after the exam process. STAR also provides comprehensive, long term services designed to aid survivors in addressing other needs related to the assault, including but not limited to counseling, advocacy, and legal representation. The BRCAC receives referrals from LE and DCFS, hospitals, healthcare providers and EBRPCO SANEs. BRCAC provides or facilitates forensic interviewing, assists in investigations and prosecutions, provides family advocacy in order to access community resources, and provides trauma focused therapy for the victims and their non-offending caregivers.
- Hospitals and health care providers assess patients for acute medical needs and provide stabilization, treatment, and/or consultation {which includes Our lady of the Lake Children's Hospital in Baton Rouge, LA}. They offer information, treatment, and referrals for sexually transmitted infections (STIs) and other non-acute medical concerns, assess pregnancy risk, and discuss treatment options with the patient, including reproductive health services. They also provide medical follow-up with the victim. When a victim presents to a healthcare facility and a forensic medical examination is indicated, the EBRPCO office is contacted. An EBRP Coroner's Sexual Assault Nurse Examiner (SANE) will respond and provide a forensic medical examination for the victim. A victim of a SOCO has the right to an FME and medical treatment regardless if the victim chooses to report the assault to a law enforcement agency.
- Sexual assault nurse examiners (SANE) perform the medical forensic examination, gather information for the medical forensic history, collect and document forensic evidence, and document pertinent physical findings from patients. They coordinate with advocates to ensure patients are offered crisis intervention, support, and advocacy before, during, and after the examination process. SANEs also collaborate with physicians and other medical personnel to ensure that victims obtain proper testing and treatment for sexually transmitted diseases (STDs) as well as any injuries associated with the SOCO. They follow up with patients for medical and forensic purposes if necessary, coordinate with law enforcement on reported cases to transfer evidence collected during a forensic medical examination, and testify in court if needed. Any nurse performing sexual assault forensic

examinations must undergo a 40-hour sexual assault forensic examination training along with clinical training requirements including a preceptorship with an experienced forensic examiner.

Additionally, the auditor reviewed the STAR organization’s website, which outlines the following victim services that this agency is able to provide a resident victim of sexual abuse:

- STAR® provides supportive services to survivors to reduce their experience of trauma. Our advocacy, counseling and legal services are available to youth and adult survivors of sexual violence at no cost, and are intended to assist you at any stage of your healing.
- Our staff creates a safe, supportive, confidential environment where survivors are welcomed and supported. At STAR®, we believe that every survivor has the right to services, regardless of their background, gender, race, ethnicity, ability, gender identity, sexual orientation, weight, or decision to report. You are eligible for services no matter how much time has passed since the assault.

**PREA Investigative File Review:**

The PREA Investigative File provided included proof documentation that confirmed the alleged resident victim in this case was received timely medical and crisis intervention services at the local children’s hospital and through referrals made by the PC after the resident was discharged from the hospital.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.383</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</li> </ul>

- PAQ
- STAR Website
- 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan

**Interviews:**

- Director of Nursing
- Contracted MHP
- PC

**Explanation of Determination:**

**115.383 (a-h):**

According to agency's policy on Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. In the event that sexual abuse, sexual harassment, physical abuse and/or neglect have occurred, resident will receive timely medical and/or crisis intervention services without respect of race, creed, color or sexual orientation.
- It is the policy of the Harmony Center, Inc. to provide the victims of sexual abuse, sexual harassment, physical abuse and/or neglect timely, unimpeded access to emergency medical treatment and crisis intervention services as determined by medical and mental health practitioners.
- The HCI will offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in our facility.
- The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- The HCI will provide such victims with medical and mental health services consistent with the community level of care.
- Resident victims of sexually abusive anal penetration will be given a Rape Kit examination.
- Resident victims will be provided test for sexually transmitted infections as medically appropriate.
- Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- The HCI will 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.

The auditor interviewed one of the two contracted MHP's and the agency's full-time Director of Nursing, both of whom confirmed during their individual interviews that the medical and mental health care for sexual abuse victims and abusers pursuant to this PREA standard would be provided at the local hospital and at the facility upon the resident's return. Evaluations would be conducted by an appropriate licensed provider and treatment would include follow-up services, treatment plans, and, when necessary, referrals for continued care outside the facility. The professionals indicated that they felt the services offered at the facility are consistent with the community level of care, with resident victims of sexual abuse also transported to the local hospital for victim services related to sexual abuse. In addition, the MHP and Director of Nursing advised that the local children's advocacy center would also be contacted to provide additional victim services pursuant to the PREA standards and state required child abuse protocols. All such treatment services are provided to the victim without any financial cost.

The HCI Group Home is a home in the Baton Rouge community and is, therefore, not set up for onsite emergency medical or mental health services. Such crisis services and treatment related to a situation of sexual abuse would be provided at the local emergency medical center. In addition, the agency contracts with the Sexual Trauma Awareness & Response (STAR) organization in Baton Rouge, LA to assist with any necessary victim advocacy services. Furthermore, the Director of Nurse, Director of Residential Services, contracted MHP, PC, and Administrative Internal Investigator all confirmed in their individual interviews that is an agency requirement to immediately transport any resident who alleges sexual abuse at the Group Home to the local hospital in order for a licensed medical physician or SANE/SAFE nurse to conduct a forensic medical examination and to ensure the most appropriate crisis medical and mental health services and treatment are provided as soon as possible.

The auditor also reviewed the 2024 Louisiana OPH Region 2 Response to Sexually-Oriented Criminal Offenses Response Plan, which outlines the following regional plan (Baton Rouge, LA region) for responding to victims of Sexually-Oriented Criminal Offenses (SOCO):

- In compliance with Louisiana law, this plan/protocol is intended to improve Region 2's response to victims of SOCO and to comply with the sexual assault forensic examination process, and the treatment of and billing for the victims. Each parish Coroner may opt into the Region 2 plan or may choose to create an independent plan. All parishes in Region 2 have chosen to participate in this plan.
- Sexual assault advocates are made available by our local sexual assault center, STAR (Sexual Trauma Awareness and Response) and the Baton Rouge Children's Advocacy Center (BRCAC). STAR's trained advocates are available 24/7 to respond to calls from the hospital or police to accompany SOCO victims to hospitals and police stations in the aftermath of a SOCO. STAR's advocates offer advocacy, support, crisis intervention, information, language assistance services, and referrals before, during, and after the

exam process. STAR also provides comprehensive, long term services designed to aid survivors in addressing other needs related to the assault, including but not limited to counseling, advocacy, and legal representation. The BRCAC receives referrals from LE and DCFS, hospitals, healthcare providers and EBRPCO SANEs. BRCAC provides or facilitates forensic interviewing, assists in investigations and prosecutions, provides family advocacy in order to access community resources, and provides trauma focused therapy for the victims and their non-offending caregivers.

- Hospitals and health care providers assess patients for acute medical needs and provide stabilization, treatment, and/or consultation {which includes Our lady of the Lake Children’s Hospital in Baton Rouge, LA}. They offer information, treatment, and referrals for sexually transmitted infections (STIs) and other non-acute medical concerns, assess pregnancy risk, and discuss treatment options with the patient, including reproductive health services. They also provide medical follow-up with the victim. When a victim presents to a healthcare facility and a forensic medical examination is indicated, the EBRPCO office is contacted. An EBRP Coroner's Sexual Assault Nurse Examiner (SANE) will respond and provide a forensic medical examination for the victim. A victim of a SOCO has the right to an FME and medical treatment regardless if the victim chooses to report the assault to a law enforcement agency.
- Sexual assault nurse examiners (SANE) perform the medical forensic examination, gather information for the medical forensic history, collect and document forensic evidence, and document pertinent physical findings from patients. They coordinate with advocates to ensure patients are offered crisis intervention, support, and advocacy before, during, and after the examination process. SANEs also collaborate with physicians and other medical personnel to ensure that victims obtain proper testing and treatment for sexually transmitted diseases (STDs) as well as any injuries associated with the SOCO. They follow up with patients for medical and forensic purposes if necessary, coordinate with law enforcement on reported cases to transfer evidence collected during a forensic medical examination, and testify in court if needed. Any nurse performing sexual assault forensic examinations must undergo a 40-hour sexual assault forensic examination training along with clinical training requirements including a preceptorship with an experienced forensic examiner.

Additionally, the auditor reviewed the STAR organization’s website, which outlines the following victim services that this agency is able to provide a resident victim of sexual abuse:

- STAR® provides supportive services to survivors to reduce their experience of trauma. Our advocacy, counseling and legal services are available to youth and adult survivors of sexual violence at no cost, and are intended to assist you at any stage of your healing.
- Our staff creates a safe, supportive, confidential environment where



survivors are welcomed and supported. At STAR®, we believe that every survivor has the right to services, regardless of their background, gender, race, ethnicity, ability, gender identity, sexual orientation, weight, or decision to report. You are eligible for services no matter how much time has passed since the assault.

**PREA Investigative File Review:**

The PREA Investigative File provided included proof documentation that confirmed the alleged resident victim in this case was received timely medical and crisis intervention services at the local children’s hospital and through referrals made by the PC after the resident was discharged from the hospital. Documentation was identified that confirmed the youth was provided ongoing medical and mental health care after the initial hospital visit through the contracted MHP and HCI medical services. Additionally, it is important to clarify that the alleged resident perpetrator in this allegation of sexual abuse situation was discharged from the Group Home the day after the sexual abuse allegation was reported due to a violation of the Home’s resident drug policy.

Note: The HCI Group Home is an all-male facility- only accepts biological male residents from OJJ, as per the executed contract HCI has with OJJ.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.386</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Sexual Abuse Incident Review</li> <li>• Signed Statement of Fact</li> <li>• PAQ</li> <li>• Sexual Abuse Incident Review (SAIR) Documentation</li> </ul>

- PREA Investigative File Review

**Interviews:**

- Designated Administrator Involved in SAIR's (PC)
- Director of Residential Services

**Explanation of Determination:**

**115.386 (a-e):**

According to the agency's policy on SAIR:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Internal Investigation will be conducted to determine what occurred, a plan of correction will be put in place and an incident review will be conducted.
- It is the policy of the Harmony Center, Inc. to conduct an Internal Investigation whenever a situation is alleged to have occurred involving Sexual Abuse and/or Sexual Harassment. The investigation will begin immediately following the receipt of the allegation, with the final report being prepared not more than five working days from the start of the investigation. The Investigative Findings will be reviewed within 30 days of the completion of the Internal Investigation by the PREA Coordinator and the SART.
- At Harmony Center Inc. the following procedure for reviewing investigations of allegations of sexual abuse and/or sexual harassment will be adhered to:
  - The lead investigator will coordinate the investigation and solicit staff and administration cooperation. The final investigation will be completed within 5 days of its receipt and submitted to the Administration for further action.
  - The HCI will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded.
  - Such review will ordinarily occur within 30 days of the conclusion of the investigation.
  - The review team will include administrative staff, with input from home managers, investigators, and medical or mental health practitioners. The review team will:
    - 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; or, gang

affiliation; or was motivated or otherwise caused by 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 whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1)-(d) (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.
- The facility will implement the recommendations for improvement or shall document its reasons for not doing so.

The auditor interviewed the PC, who is a SAIR administrator, who sufficiently explained who is involved in conducting a SAIR, the 30-day timeframe of conducting a SAIR after an investigation into sexual abuse is completed (unless the allegation has been determined to be unfounded), and the elements scrutinized during a SAIR. The PC advised that the SAIR is completed in order to consider whether any change of policy or practice is needed to improve sexual safety at the facility, to assess the motivation behind the abusive act, to examine the area where the incident occurred to assess for improvements, to analyze the staffing levels and supervision practices to improve safety and prevent abuse, and to assess the monitoring technology in operation at the time of the sexual abuse. It was also shared that the SAIR involves completing a written report that is submitted to the facility head and PCM/PC, which includes any recommendations for improvement determined through the SAIR process.

Additionally, the PC provided the auditor with the SAIR Report for the one and only sexual abuse investigation conducted at the Group Home during the audit review period. It was confirmed that the Director of Residential Services, Social Worker for HCI, Internal Investigator, Nurse, and the Home Manager were all involved in the SAIR process. The Director of Residential Services also shared in her interview onsite how the SAIR was conducted for the one sexual abuse investigation conducted during the audit review period, and how all parties involved were allowed input to assess each element required by the SAIR process. She also expressed how the alleged resident victim in this sexual abuse investigation ended up recanting his initial allegation; however, the SAIR was conducted due to the internal investigation initially determining the allegation as unsubstantiated. Additionally, the Director confirmed the following individuals as being included on the SAIR Team: Director of Residential Services, PC, Director of Nursing, Internal Investigator, Home Manager, and, as applicable, a contracted MHP.

As verified by the auditor, the SAIR Report clarifies the following:

- The resident {alleged victim} admitted that he lied because he wanted to go home to the community to live with his biological father. Therefore, after

careful review, there is no need to change policy or practice to better prevent, detect, or respond to sexual abuse investigation allegations. There are no physical barriers in the area that may enable abuse in the facility where the incident allegedly occurred. There were adequate staffing levels at the time of the incident. Therefore, no monitoring technology needs to be deployed or augmented to supplement supervision by staff. The incident was not motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or otherwise caused by other group dynamics at the facility.

There were adequate staffing levels at the time of the incident. A report of the findings has been submitted to the PREA compliance manager.

Lastly, the auditor confirmed that the date of the SAIR Report was within 30 days after the conclusion of the internal investigation into this allegation.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

115.387	Data collection
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b><u>115.387</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Data Collection</li> <li>• HCI Definitions Related to Sexual Abuse</li> <li>• HCI Data Collection Instrument</li> <li>• PAQ</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PC</li> <li>• Director of Residential Services</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.387 (a-f):</b></p> <p>According to the agency’s policy on Data Collections and the corresponding policy</p>

on Definitions Related to Sexual Abuse:

- It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administrative Agency Investigation will be conducted to determine what occurred, plan corrective actions and collect data accordingly.
- It is the policy of the Harmony Center, Inc. to conduct an Internal Investigation whenever a situation is alleged to have occurred involving Sexual Abuse and/or Sexual Harassment. The investigation will begin immediately following the receipt of the allegation, with the final report being prepared not more than five working days from the start of the investigation. The Investigative Findings will be reviewed within 30 days of the completion of the Internal Investigation by the PREA Coordinator and the SART.
- The HCI will collect accurate, uniform data for every allegation of sexual abuse at all its facilities using a standardized instrument and set of definitions.
- The HCI will aggregate the incident-based sexual abuse data at least annually.
- The incident-based data collected will include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- The HCI will maintain, review, and collect data as needed from all available incident based documents including reports, investigation files and sexual abuse incident reviews.
- The HCI will obtain incident-based and aggregated data from all of its facilities.
- Upon request, the HCI will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Note: The agency includes all the PREA definitions related to sexual abuse as an addendum to the agency's PREA policies.

The PC provided the auditor with the agency's Data Collection Instrument and annual PREA Report, which showcase how the agency collects accurate, uniform data related to the requirements of this PREA standard.

The auditor interviewed the PC and Director of Residential Services, who both confirmed during their individual interviews that the facility collects accurate, uniform data of sexual abuse at the facility using the standardized set of definitions included in the agency's PREA Policy. The auditor also was provided the facility's PREA reports, which includes the necessary aggregated PREA related data required by this PREA standard. The data included in this report matches the data compiled by the auditor from the PREA internal investigations conducted at the facility during each applicable time period. The administrators both confirmed that there was only one sexual abuse allegation for the audit review period (past 3 years prior to the onsite), and this allegation will be included in the PREA Data and

	<p>PREA Annual Report for calendar year 2024 that will be aggregated and reviewed in early 2025.</p> <p>Note: As indicated in section 115.312 of this report, the HCI Group Home does not contract with other facilities/agencies for the confinement of residents from the HCI Group Home.</p> <p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.388</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>• HCI Policy on Data Collection</li> <li>• HCI Definitions Related to Sexual Abuse</li> <li>• HCI Data Collection Instrument</li> <li>• OJJ Annual PREA Reports</li> <li>• Past PREA Audit Reports for HCI</li> <li>• PAQ</li> <li>• HCI Website (<a href="http://www.harmonycenter.org/disability-care-prea">www.harmonycenter.org/disability-care-prea</a>)</li> <li>• State of Louisiana Office of Juvenile Justice (OJJ) Website</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PC</li> <li>• Director of Residential Services</li> </ul> <p><b>Explanation of Determination:</b></p> <p><b>115.388 (a-d):</b></p> <p>In order to demonstrate how the agency complies with the requirements of this PREA standard in practice, the PC provided the auditor with ‘Mini-Staffing Reports,’ Annual PREA Incident Summary documents, and minutes for each mini-staffing that were conducted in order to review data collected and aggregated pursuant to PREA</p>

standard 115.387. These meetings were held in January for the years of 2023 and 2021. At the meetings were the PC, Internal Administrative Investigator, Director of Residential Services, and Home Manager. The minutes outline how the staffing was conducted in order to discuss the previous years' PREA findings at the Harmony 3 Group Living facility. Additionally, the evidentiary documentation indicates that there were zero allegations reported during the reviewed upon calendar years and no corrective action was needed. Additionally, the minutes document that the team discussed room and education assignments for residents that reside at the Group Home, with no changes made at the time of the review.

The auditor interviewed the PC and Director of Residential Services, and both administrators confirmed during their individual interviews that the facility's leadership team reviews PREA data collected each year in order to assess and improve the effectiveness of its PREA Policy and training. This annual review process includes, but is not limited to, identifying problem areas, implementing correction action on a continuous basis, and preparing an annual report of any findings and corrective action taken. The annual PREA report is provided to agency leadership and will be published on the facility's website, with all sensitive and confidential personal data redacted to protect residents at the facility. The administrators also shared how all PREA data collected is also shared with the State of Louisiana OJJ, as required by the contract the agency has with OJJ for the confinement of OJJ residents at the HCI Group Home.

The auditor reviewed the HCI website prior to the onsite; however, the agency's Annual PREA Reports were not found to be published on the website. This issue was addressed with the PC, and the PC immediately reached out to the agency's website managing service to ensure this information is added. Prior to this report being completed, the auditor was able to confirm that the agency's PREA reports were published and available for all to view .

Note: During the onsite, the auditor determined that prior to the agency's PREA Report being published on the agency's website, the public would have been able to readily view the agency's PREA Report upon request. Additionally, the agency's PREA data was also found to be available on the Louisiana OJJ's website- as part of the OJJ's Annual PREA Report. This report includes the PREA data that is collected, aggregated, and reviewed for each facility the OJJ contracts with for the confinement of OJJ youth (<https://ojj.la.gov/page/resources-reports>). The OJJ website includes Annual PREA Reports for calendar years 2017 through 2023. The auditor confirmed that the HCI Group Home PREA data is included in each report for 2023, 2022, and 2021. Additionally, the auditor found the HCI Group Home's last two PREA Audit Reports on this website.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="280 188 981 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 411 378"><b><u>115.388</u></b></p> <p data-bbox="280 412 1315 445"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="352 517 1182 797" style="list-style-type: none"> <li>• HCI Policy on Data Storage, Publication, and Destruction</li> <li>• HCI Definitions Related to Sexual Abuse</li> <li>• HCI Data Collection Instrument</li> <li>• OJJ Annual PREA Reports</li> <li>• PAQ</li> <li>• HCI Website</li> <li>• State of Louisiana Office of Juvenile Justice (OJJ) Website</li> </ul> <p data-bbox="280 842 459 875"><b>Interviews:</b></p> <ul data-bbox="352 947 831 1014" style="list-style-type: none"> <li>• PC</li> <li>• Director of Residential Services</li> </ul> <p data-bbox="280 1059 699 1093"><b>Site Review Observations:</b></p> <p data-bbox="280 1133 1481 1290">Following the assessment of the security measures in place to safeguard sensitive data collected and maintained in accordance with PREA standards, the auditor did not identify any issues related to non-compliance with the requirements of this PREA standard.</p> <p data-bbox="280 1328 762 1361"><b>Explanation of Determination:</b></p> <p data-bbox="280 1402 507 1435"><b>115.389 (a-d):</b></p> <p data-bbox="280 1469 1414 1503">According to the agency’s policy on Data, Storage, Publication, and Destruction:</p> <ul data-bbox="352 1574 1477 2067" style="list-style-type: none"> <li>• It is the belief of the administration of the Harmony Center, Inc. that every allegation of Sexual Abuse or Sexual Harassment is serious. As such, an Administrative Agency Investigation will be conducted to determine what occurred and plan corrective actions accordingly. Data will be collected, stored, publicized, and/or destroyed according to policy.</li> <li>• It is the policy of the Harmony Center, Inc. to conduct an Internal Investigation whenever a situation is alleged to have occurred involving Sexual Abuse and/or Sexual Harassment. The investigation will begin immediately following the receipt of the allegation, with the final report being prepared not more than five working days from the start of the investigation. The Investigative Findings will be reviewed within 30 days of the completion of the Internal Investigation by the PREA Coordinator and the</li> </ul>



SART. Data will be stored, publicized and/or destroyed as follows:

- The HCI will ensure that data collected pursuant to 115.387 are securely retained.
- The HCI will make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its, bulletins, email and by other means.
- Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.
- The HCI will maintain sexual abuse data collected pursuant to 115.387 of the PREA Standards for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The auditor interviewed the PC and Director of Residential Services, who each confirmed during their individual interviews that all PREA data is securely retained and made publicly available through the facility's website page, with all sensitive and confidential personal data redacted to protect residents at the facility. In addition, the administrators interviewed confirmed the retention requirement of this PREA standard, with all PREA investigative reports maintained by the PC and stored securely in their office and on their computer.

Upon the auditor's review of each PREA report made available to the public either through the agency's website, OJJ website, or upon request; it was clear that the HCI ensures all personal identifiers are redacted to ensure protection of residents.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.401</b> <b>Explanation of Determination:</b>  (a): The Director of Residential Services and PC confirmed during their interviews that the facility was audited during the last PREA audit cycle and the final report was found to be posted on the OJJ website for the HCI PREA audits conducted in 2019 and 2021 (2nd and 3rd audit cycle- respectfully).

(b): This audit was conducted in the 3rd (last) year of the 4th audit cycle.

(h): During the onsite phase of the audit and the facility inspection, the auditor had full access to, and the ability to observe, all areas of the facility. No issues of concern were experienced or identified by the auditor during the onsite pursuant to the requirements of this PREA standard.

(l): During all phases of the audit, the auditor was permitted to request and received copies of any relevant document including electronically stored information from administrative files and records.

(m): During the onsite phase of the audit, the auditor was able to conduct interviews with residents and staff members in a private office type setting that ensured the residents and staff were able to communicate to the auditor privately, without other individuals able to listen to their responses.

(n): During all three phases of the audit process, 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 the writing of this report, the auditor has not received any confidential information or correspondence from a resident and or staff to date.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.403</u></b></p> <p><b>Explanation of Determination:</b></p> <p>A review of the OJJ website, as well as interviews with the Director of Residential Services and the PC revealed that this facility had been previously PREA audited during the second and third PREA audit cycles by a certified PREA Auditor. The Final PREA Reports for the HCI Group Home III were confirmed to be published on the OJJ website, dated April 26, 2019 and July 1, 2021, respectfully.</p> <p><b><u>Conclusion:</u></b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.</b></p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	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
<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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



<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

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

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	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.)	na
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

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

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes



	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes



<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes