

PREA Facility Audit Report: Final

Name of Facility: Rutherford House

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/12/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Shirley Turner

Date of Signature: 08/12/2025

AUDITOR INFORMATION

Auditor name: Turner, Shirley

Email: shirleyturner3199@comcast.net

Start Date of On-Site Audit: 07/16/2025

End Date of On-Site Audit: 07/17/2025

FACILITY INFORMATION

Facility name: Rutherford House

Facility physical address: 1707 Line Avenue , Shreveport, Louisiana - 71101

Facility mailing address:

Primary Contact

Name:	Brittny Bishop
Email Address:	bbishop.rhpersonnel@gmail.com
Telephone Number:	3182220222

Superintendent/Director/Administrator	
Name:	Ira Tieuel
Email Address:	therutherfordhouse@gmail.com
Telephone Number:	3182220222

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

Facility Health Service Administrator On-Site	
Name:	Jean Livesay
Email Address:	therutherfordhouse@gmail.com
Telephone Number:	3182220222

Facility Characteristics	
Designed facility capacity:	25
Current population of facility:	17
Average daily population for the past 12 months:	22
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? 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” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-18
Facility security levels/resident custody levels:	1-6
Number of staff currently employed at the facility who may have contact with residents:	46
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Rutherford House Residential Facilities
Governing authority or parent agency (if applicable):	
Physical Address:	1707 Line Avenue , Shreveport, Louisiana - 71101
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Brittny Bishop	Email Address:	bbishop.rhpersonnel@gmail.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-07-16
2. End date of the onsite portion of the audit:	2025-07-17

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Project Celebration, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	25
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	17
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	46
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. 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:	6
39. 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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Ensured residents selected from each housing unit; conferred with staff; reviewed program schedule.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
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".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Meeting with staff; observed population; reviewed resident files.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Meeting with staff; observed population; reviewed resident files.
49. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Meeting with staff; observed population; reviewed resident files.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Meeting with staff; observed population; reviewed resident files.
51. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Meeting with staff; observed population; reviewed resident files.
52. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Meeting with staff; reviewed resident files.
53. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Meeting with staff; reviewed resident files.
54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Meeting with staff; reviewed resident files; informal conversations with residents.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Meeting with staff; reviewed resident files.
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Observations during comprehensive site review; reviewed resident files; informal conversation with residents; staff interviews.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	6

63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☐ Yes ☐ No ☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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.	

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	9

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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no allegations of sexual abuse during this audit period.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There were no allegations of staff-on-inmate sexual harassment during this audit period.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. 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

103. 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

108. 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

Identify the name of the third-party auditing entity

Correctional Management and Communications Group, LLC

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy Organization Chart Interviews: PREA Coordinator Random Staff Provision (a): An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct. The Rutherford House serves as a community residential alternative placement for committed youth screened specifically for this program by the Louisiana Office of

	Juvenile Justice (OJJ). The facility is licensed by the Louisiana Department of Children and Families and contracts with OJJ to provide programming services for selected youth. The facility's PREA related policy and procedures mandate a zero-tolerance approach toward all forms of sexual abuse and sexual harassment. The policy/procedures address each PREA standard and outline the facility's methods for preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The policy includes but is not limited to responding to sexual abuse and sexual harassment through reporting, investigations, assessments, and disciplinary sanctions for residents and staff. The policy and procedures are in numbered sections aligned with the standards making each section of the policy correspond with the same PREA standard section/number. Obtaining information to detect sexual abuse and sexual harassment is addressed through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. Provision (b): An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Policy provides for the designation of a PREA Coordinator. The facility's PREA Coordinator is under the direct supervision of the Superintendent. The role of the PREA Coordinator is to develop, implement and oversee agency efforts to comply with the standards to ensure the safety of all residents. The interview with the PREA Coordinator confirmed her knowledge of the PREA standards, their implementation and their incorporation within the daily program and activities. Observations and interviews confirmed the PREA Coordinator has the authority to perform the PREA related duties. The PREA Coordinator has completed the course, PREA: Coordinator's Roles and Responsibilities, through the National Institute of Corrections. Provision (c): Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The agency operates one facility, requiring only a PREA Coordinator who states there is the time to perform the PREA-related duties. Conclusion: Based upon the review and analysis of the available evidence, interviews and observing the staff interactions, the Auditor has determined the facility is compliant with this standard.
--	--

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Document: PREA Policy Interviews: PREA Coordinator Superintendent/Agency Head Provisions (a) and (b): (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The PREA policy provides that the facility does not contract with other entities to house its residents. The interviews with the PREA Coordinator and Superintendent/Agency Head were aligned with the policy. The facility contracts with the Office of Juvenile Justice (OJJ) to provide a residential program for adjudicated juvenile offenders and are required by OJJ to comply with the PREA standards and be subject to PREA audits. Conclusion: Based upon the review and analysis of the available evidence and the interviews, the Auditor determined the facility is compliant with the standard.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Staffing Analysis Sexual Assault Response Team (SART) Meeting Minutes Absentee Staffing Plan Interviews: Superintendent

PREA Coordinator

Intermediate or Higher-Level Staff

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

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

Policy provides details for maintaining the internal staffing ratios of 1:6 during the waking hours and 1:12 during the sleeping hours which are licensing requirements with the Louisiana Department of Children and Family Services. The facility's internal staffing plan ensures the PREA ratios will be maintained. The camera system is located in the office of the Superintendent and is periodically monitored. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Superintendent, review of policy and staffing analysis, and observations.

The policy and annual Staffing Analysis outline the tenets within the provisions of the standard. The work schedules are based on the staffing plan and facility policy which requires the above tenets be considered when addressing staffing levels. During staff challenges, administrative staff was used to supplement the general direct care staff. The administrative staff receive direct care staff training. The camera system supplements direct staff supervision of residents. Administrative staff may also view residents remotely while they are in the living units.

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

Policy provides that in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documented deviations due to sick or annual leave, tardiness, or an emergency. The Absentee Staffing Plan form is completed by the a staff member or the Personnel Manager indicating the circumstances under which a substitute staff member was utilized due to the absence of a staff member. The Absentee Staffing Plan form is completed when staffing substitutions are made due to unavoidable absences. The completed form describes the situation that occurred which warranted the staff substitution and identifies the staff members involved. Licensing regulations require the facility to provide for at least one staff person to be on-call in the evening/night time, in case of an emergency.

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

The policy and licensing requirements are that staff to resident ratios are 1:6 during the waking hours and 1:12 during the sleeping hours and in accordance with the Superintendent's interview. Direct care staff members maintain the ratios and ensure the PREA ratios are met. The staff to resident ratio was in compliance during the site visit as observed during the comprehensive site review and subsequent observations. Since the last PREA audit the average daily number of residents is 22. The facility consists of four separate houses; two were open and two were closed. There were 17 residents onsite on the first day of the site review.

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

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Policy provides that an annual review of the staffing plan is conducted. The

	documented Staffing Analysis was reviewed and was conducted through collaboration of the PREA Coordinator and Superintendent. The document reviews but is not limited to the following areas, prevailing staffing patterns; deployment and updates of video monitoring system; and occurrence of unannounced rounds, aligned with this provision of the standard. The SART meeting minutes indicate that the administrative staff meet monthly and review and discuss communication; staff supervision of residents; staff training; camera system; unannounced rounds; staffing plan; and security practices which serves as assessment of the staffing plan. No corrective actions were identified for any adjustments to the annual Staffing Analysis. Provision (e): Each secure facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Policy provides for the occurrence of unannounced rounds conducted at the housing units. The documented rounds show they are collectively made by intermediate and higher level staff at various times on all shifts. Administrative staff have the capability to live stream group home activities. The areas visited during the unannounced rounds at various times include the outside grounds; main building (kitchen, office area, school area, gymnasium) and the individual living units or group homes. During the unannounced rounds, the observations consider but are not limited to the following: staff positioning; proper supervision; resident activity; and resident and staff interactions. Any blind spots are also physically checked. The interview with the intermediate or higher level staff indicated how it is ensured that staff does not alert other staff when the unannounced rounds are being conducted. The unannounced rounds are not shared and a schedule of the visits is not accessible. The intermediate or higher level staff interviewed conducted an unannounced round approximately two weeks ago. The policy indicates staff will not alert other staff regarding the occurrence of unannounced rounds. Staff members are not informed of the unannounced rounds and staff members are encouraged not to alert other staff members regarding the occurrence of unannounced rounds. Conclusion: Based upon the review and analysis of the available evidence and the staff interviews, the Auditor determined the facility is compliant with the standard.
--	--

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard

	Auditor Discussion Documents: PREA Policy Training Materials Training Logs Acknowledgement Statements Interviews: Random Staff Residents PREA Coordinator Provision (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The PREA policy prohibits cross-gender strip searches, cross-gender pat-down searches and cross-gender visual body cavity searches. There is no evidence of cross-gender searches of any type occurring at the facility. Based on the interviews, no cross-gender searches are conducted at the facility, in accordance with policy. Provision (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances. Policy prohibits staff conducting any type cross-gender searches when there are exigent circumstances. The PREA Coordinator also serves as the training coordinator and provides training on such. Staff participation in the training is documented and was confirmed by staff interviews. Staff is aware of the restriction of conducting cross-gender searches and that males will be available to search the residents. No residents interviewed reported a female staff member conducted a pat-down search of their body. The evidence shows cross-gender pat-down searches have not occurred at the facility. Staff interviews confirmed that cross-gender searches do not occur, aligned with the facility policy. Provision (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. All interviews confirmed that cross-gender searches do not occur at the facility. Provision (d): The facility shall implement policies and procedures that enable
--	---

residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy provides that the facility enables residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them except in exigent circumstances or during routine room checks. This practice was confirmed through interviews with residents and staff. All residents and staff interviewed reported that residents have never been naked in full view of any staff while showering, changing clothes, or performing bodily functions.

The evidence, including observations, demonstrate residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard. Additionally, residents are not viewed on the cameras when they are showering, using the toilet or changing clothes. The shower procedures include a reasonable amount of privacy provided for each resident. Curtains are placed at the stalls of the showers and toilets.

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

The policy and procedures prohibit the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verified policy awareness and that no such searches have occurred in the past 12 months. The facility receives a referral packet on all residents before they are admitted to the program, and the resident's gender is recorded. According to the policy, there will be no physical examination to determine a resident's genital status. One hundred percent of direct care staff received the training on conducting searches and searches of transgender and intersex residents.

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

The policy indicates staff is trained in how to conduct 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 documentation and staff interviews support the training is conducted. According to policy, the training is conducted at orientation, at least annually and as needed. Training participation is documented. The interviews also supported that staff members are trained in how to conduct 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. Conclusion: Based on the reviewed documentation and interviews, the facility provides for adherence to internal policy and the standard.
--	---

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy Parent and Resident Handbook Interviews: Resident Random Staff Agency Head Provision (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a

service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

The youth accepted in the facility are referred by the Louisiana Office of Juvenile Justice based on the services provided at the facility. The agency takes appropriate steps to place youth in facilities that may best meet the individual needs of the youth. Support services for any disabled resident accepted in the program will be provided in order for the youth to have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interviews with random staff provide that the use of resident readers except in limited circumstances where a resident's safety is compromised is prohibited. The interview with the PREA Coordinator also confirmed that residents are not used as readers or interpreters for other residents. During the onsite audit phase, there were no residents in the facility that were limited English proficient. Additionally, there were no residents in the facility that were categorized in the vulnerable categories. Collaboration efforts with staff included meetings with mental health and management staff, informal conversations with staff and residents, and review of residents' files.

The State of Louisiana, Office of Juvenile Justice (OJJ), places youth in the Rutherford House based on the admission criteria of the facility which is stated in policy and acceptable to OJJ. The staff has prior knowledge of a resident's arrival which gives the facility staff time to plan and provide for any special needs or coordinate for any individualized needs with community services or referrals for additional services. Initial PREA education is provided to the youth; the comprehensive PREA education sessions are provided to residents within 10 days of admission by education staff on a rotating basis in the life skills class. As a result of interviews with residents, it was recommended that advocacy services be rotated among the PREA-related topics.

The education staff and mental health staff may assist in adapting the PREA education sessions for the comprehension of all residents. Although a youth that is deaf would not be placed at Rutherford House, the process is in place for the initiation of a purchase order at any time for services with the Deaf Action Center, if a temporary emergency situation occurred. The Deaf Action Center is located around the corner from the facility, in close proximity, and offers 24-hour emergency interpreting services.

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

Any outside special needs services for a resident will be provided through contract services as needed where deemed by the facility. The staff interviews supported that each resident placed in the facility has an equal opportunity to participate in or

	benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA information is posted and accessible to residents. Printed materials are available in Spanish. The facility has access to support services to provide PREA education in preventing, detecting, and responding to sexual abuse and sexual harassment to the residents that are placed in the facility. Accommodation services and the ability to adapt materials to the residents' needs may be provided through the education and mental health units. Provision (c): The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations. The use of resident readers, except when a delay could jeopardize a resident's safety is prohibited, according to the interviews with random staff. The interviews confirmed residents are not used to relay PREA information to or from other residents. Staff read the PREA information to youth during the intake process and the rotating PREA education sessions are interactive in a group setting. There were no residents in the facility that were in need of interpreter or translation services or any special services during the onsite audit phase. Conclusion: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.
--	---

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Job Applications Personnel Files Interview: Human Resources Staff Provisions (a) & (f): (a): The facility shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—(1) Has engaged in sexual abuse in a prison, jail,

lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. (f): The facility shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The facility shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The collective documents address hiring and other personnel matters, including but not limited to promotion processes and decisions; position descriptions; and background checks, including child abuse registries. The background checks occur initially and annually thereafter in accordance with the requirements of the licensing agent, Louisiana Department of Children and Family Services (DCFS). The background checks are generated by the DCFS. The personnel files include the notification of completed background checks and hiring documents. Policy prohibits hiring or promoting anyone who may have contact with residents with residents when they have been involved in sexual abuse and sexual harassment behavior.

Through the employment application process, prior to hire and promotion, applicants are asked to verify, in writing, the following information which is a part of the background screening information records:

Have 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);
Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or,
Have been civilly or administratively adjudicated to have engaged in the activity described above.

The aforementioned is also gleaned from current employees during evaluations. During the orientation and training of new staff, they are informed of their continuing duty to report any related misconduct. The interview and a review of policies provided details about the hiring process, completion of background checks, and grounds for termination. The forms completed and included in the personnel files are responsive to the provisions of this standard. All applicants are asked about any prior misconduct involving any sexual activity. The documentation and interview support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. This documentation is a part of the background information packet, required for conducting the criminal background checks. A sample of background checks were reviewed which confirmed that they are conducted in accordance with policy and the interview with the human resources staff.

Provision (b):

The facility 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.

Policy supports that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and the documentation shows the inquiries made during the application process regarding previous misconduct.

Policy and the interview indicate the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior. A sample of background checks were reviewed confirming the background checks occur.

Provisions (c) & (d): (c): Before hiring new employees who may have contact with residents, the facility shall: (1) Perform a criminal background records check; (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. (d): The facility 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 background check process includes consulting a child abuse registry as confirmed during the interview. The prospective employee or contractor also has to be cleared through the DCFS, licensing agent for the facility. Best efforts are made to identify information of incidents or allegations of sexual abuse by a prospective employee. The facility also refer for background checks to be conducted by DCFS on contractors and volunteers. There are no volunteers in the facility at this time.

Provision (e):

The facility 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.

Initial background checks are conducted and are conducted every year thereafter, in accordance with policy. The interview, review of documentation and a review of policy provide details about the hiring process, completion of background checks, and the grounds for termination. A sample of re-screens were reviewed.

	Provision (g): Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The omission of sexual misconduct information or providing false information is grounds for termination in accordance with policy. According to the interview, this information is also covered in the new employee orientation. Staff members have a continuing duty to report related misconduct. Employees are informed during new employee orientation that they have a continuing affirmative duty to disclose any such misconduct. Provision (h): Unless prohibited by law, the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview revealed that when a former employee applies for work at another institution, upon the request from that institution, the facility may provide information on substantiated allegations or sexual harassment. Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.
--	--

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Annual Staffing Analysis Interviews: Superintendent/Agency Head Provision (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. There was no substantial modification to the facility structures since the last PREA audit conducted in 2022, as reported and observed.

	Provision (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The interviews with the Superintendent/Agency Head, documentation, and observations revealed that cameras were added to the existing camera system on the outside of one of the living units/group homes allowing for view of the structure on the outside of the front and back of the building. The monitoring system supplements direct staff supervision and covers identified blind spots. The additional cameras were observed by the Auditor during the comprehensive site review and they were added to the staffing plan.
--	---

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Letter to Law Enforcement Agency Memorandum of Understanding (MOU) Interviews: Random Staff PREA Coordinator Advocacy Agency Representative Provisions (a) & (b): (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The Letter to the Shreveport Police Department and the PREA policy support a uniform evidence protocol will be followed regarding investigations of sexual abuse in accordance with the standard. The policy provides information regarding the

facility-based investigators responsible for conducting administrative investigations. Referrals for administrative investigations are also made to the Louisiana Office of Juvenile Justice. Training certificates document investigative training for the facility-based investigators. According to the interviews and policy, the Shreveport Police Department investigates allegations that are criminal in nature. Allegations of sexual abuse are also reported to the Louisiana Department of Children and Family Services. The interviews confirmed awareness of protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

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

Forensic examinations will be provided at no cost to the victim as stated in the PREA policy. No forensic medical examinations were conducted during this audit period. The interviews with the medical staff and advocacy agency representative confirmed residents who have been sexually abused will be taken to Oschner Louisiana State University Health-Academic Medical Center for the forensic medical examination that will be conducted by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). The qualified medical practitioner that conducts the forensic medical examination will be activated through law enforcement.

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

Victim advocacy services have been arranged and are documented in a MOU with Project Celebration Inc. The services that will be provided to residents, as verified, by the Project Celebration, Inc. representative include:

- Hospital Advocacy – Sexual assault advocate will meet sexual assault victim at the medical facility 24/7 to provide support during a forensic interview or medical examination.
- Personal Advocacy – Sexual assault advocate will ensure the sexual assault victim proceeds with the path that the victim chooses and provides support no matter what the personal choice of the victim may be.
- Court Advocacy – Sexual assault advocate will attend court proceeding if needed to support the sexual assault victim, help them file for protective orders, etc.
- 24-hour telephone counseling - Responds by referring the call to an advocate upon the request.
- Referral Resource – Refer victims of sexual assault to other resources such as counseling, group sessions, informational material, etc.
- Community Outreach - Education sessions onsite.

Information regarding advocacy services is provided to the residents initially during the intake process and is posted. Comprehensive PREA education is provided within 10 days of admission and periodically thereafter. It was recommended that the topic of advocacy services be a periodic topic in the recurring group sessions conducted by the Independent Living Coordinator.

Provisions (f) & (g): (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section. (g): The requirements of paragraphs (a) through (f) of this section shall also apply to:

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

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

Investigations of allegations of sexual abuse that are criminal in nature are conducted by the Shreveport Police Department in accordance with the agency's policy and the provisions of the standards. Letters have been provided to the Shreveport Police Department regarding criminal investigations of sexual abuse conducted at Rutherford House and stated they be performed in accordance with a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate for youth. The child welfare agency is also contacted, as well as the State of Louisiana Office of Juvenile Justice. There were no PREA allegations that were criminal in nature reported during this audit period.

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

	Project Celebration provides direct services to survivors of various acts of violation, including sexual assault. The facility has a MOU for the delivery of advocacy services with Project Celebration, Inc. Services are confidential and free of charge. Conclusion: Based upon the review and analysis of the evidence, the Auditor has determined the facility is in compliance with the provisions of this standard.
--	---

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: PREA Policy Investigation Reports Letter to Law Enforcement Agency Interviews: Investigative Staff Agency Head Provision (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the requirements as verified through their interviews. The facility reports there were two PREA allegations that received administrative investigations. Both allegations were also reported to the Louisiana Office of Juvenile Justice (OJJ); there were no criminal elements to the allegations. The policy and interviews support the cooperation between the facility staff and investigators from other investigative entities. The facility-based investigators have received the required training as documented by certificates and the training curriculum. Provisions (b) and (c): (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. (c): If a

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

PREA reporting information is located on the facility's website and within the facility, accessible to the public. Reporting information is also posted in various areas of the facility within the administration building and in the individual group homes. The posted information is accessible to residents, staff, contractors and visitors. The policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations were conducted by the trained facility-based investigators and investigated by the agency the facility contracts with, OJJ.

Allegations that are criminal in nature are investigated by the Shreveport Police Department. The information regarding the investigation of sexual abuse is posted on the facility and OJJ websites. A letter has been sent to the Shreveport Police Department confirming investigations that are criminal in nature will be investigated by the Shreveport Police Department utilizing the appropriate uniform protocol and in adherence to the PREA standards. The PREA Coordinator has provided a letter to the Police Department regarding criminal investigations involving sexual assault or sexual abuse. The letter affirms the Shreveport Police Department will use a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution and that it be developmentally appropriate for youth.

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

The facility and other investigative agencies have policies governing investigations. Training documentation exists for the facility-based investigators and training is provided to the OJJ investigators through that State agency. A letter regarding PREA allegations criminal investigations is provided to the Shreveport Police Department by the PREA Coordinator.

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

The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.

Conclusion:

Based on the available evidence and interviews, the facility is compliant with this standard.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Training Materials Training Sign-in Sheets Training Acknowledgement Statements Team Meeting/Professional Development Meeting Notes Interviews: Random Staff PREA Coordinator/Training Coordinator Provisions (a) and (c): (a): The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual

abuse to outside authorities;

(11) Relevant laws regarding the applicable age of consent.

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

The PREA policy addresses PREA related training for staff. The PREA Coordinator also conducts staff training and has an array of training materials and documentation maintained in the office. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents. The PREA policy also contains the tenets of the standard for required training for all employees.

Staff interviews, training logs and staff meeting minutes support refresher training is also conducted. All random staff interviewed and the PREA Coordinator reported the training is provided as required. All direct care staff members interviewed and policy verified the general topics in this standard provision were included in the training. In-house training is supplemented by online training and related training provided by the State; training occurs annually.

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

The facility houses males and the training considers the needs of the population served as determined by training materials and interviews with random staff and the PREA Coordinator. Policy supports training being tailored to the needs and attributes of the population served.

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

Policy provides all training be documented. Training is documented in different ways, sign-in sheets/logs; acknowledgement statements; certificates; and meeting notes. The Auditor verified training through document review and staff interviews.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: PREA Policy Training Acknowledgement Statements Interviews: Contractors Provision (a): The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The policy requires that volunteers and contractors who have contact with residents be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of supporting documentation and interviews document the training occurs. One contractor interviewed serves as a spiritual instructor and the other contractor performs barbering services. The facility had no volunteers at this time. Provision (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The interviews revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors in accordance with the PREA Policy. The interviews indicated that the training includes but is not limited to a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents and how to report allegations of sexual abuse and sexual harassment. Provision (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. Signed training acknowledgement statements were reviewed for training received by contractors. There are no volunteers in the facility at this time. Conclusion: Based upon the review and analysis of the available evidence, the Auditor

	determined the facility is compliant with the provisions of this standard.
--	--

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Parent and Resident Handbook PREA Education Materials Acknowledgement Statements Interviews: Residents Intake Staff Provisions (a) & (b): (a): During the intake process, residents shall receive information explaining, in an age- appropriate fashion, the facility’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b): Within 10 days of intake, the facility shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. Youth receive information at the time of intake about PREA including the zero-tolerance policy of the facility and how to report allegations of sexual abuse and sexual harassment. Policies provide that all residents admitted receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting, according to the documentation and interview with the intake staff. The residents have a clear understanding of the aforementioned and the various ways of how to report allegations of sexual abuse and sexual harassment. It was revealed that PREA refresher education sessions are conducted during group sessions as a rotating topic among treatment topics covered in group activities. The intake staff makes herself available to also address questions that a resident may have regarding PREA. The education materials are age-appropriate. It was recommended that additional emphasis be placed on the identification and purpose of the advocacy facility and the services provided and that it be rotated in the group

sessions more often. The residents initially sign acknowledgement statements which represent receipt of the PREA information provided.

The interviews with the residents revealed the need for a refresher education session focusing on the advocacy agency and the services provided to victims of sexual abuse to ensure the residents' clear and un-contradicted understanding of the information. The residents interviewed did not have a clear understanding of the information provided regarding advocacy services. The corrective action of conducting a refresher PREA education session regarding the victim advocacy services and the agency, Project Celebration, Inc. was implemented. The PREA Coordinator confirmed the refresher education session and provided documentation of training logs/sign-in sheets which included the training topic that supported the occurrence of the refresher PREA education session. The sign-in sheet was also signed by the instructor indicating the occurrence of the refresher education session.

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

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), including corrective the action and interviews, all residents received PREA education. The facility reports that 40 youth were admitted to the facility during the past 12 months and that all participated in PREA education sessions. Formal interviews and informal conversations with residents and interview with intake staff and review of documentation support that all youth admitted to the facility receive PREA education during the intake process.

Acknowledgement statements and the interviews indicate that general PREA education is provided and the corrective action supplemented the general education by providing customized information regarding the outside advocacy services which will be incorporated and emphasized in the future PREA education sessions. Policy provides that all youth admitted to the facility receive PREA education. it is recommended that the advocacy agency information be rotated more frequently among the topics in the PREA education group sessions.

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

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident, per policy. The education unit is a valuable resource for accessibility, supportive services, and translation services and other accommodations. Assistance may also be provided by the mental health staff to ensure all residents' understanding of the PREA

information.

Policy provides for interpreter and translation services. There is documentation and policy that provide information and accessibility for the accommodations for residents with special needs in this area. The education staff provides services through certified teachers with the educational background to modify/adapt information for all residents to understand. Posted and other printed PREA information is in English and Spanish. The facility's contract agency's local office may assist the facility in providing for the special needs of residents if there is an emergency. The Deaf Action Center, located around the corner from the facility, in close proximity, may provide emergency services as needed through a purchase order. There was not a need for special formats for PREA education sessions for any of the residents during this audit period.

The random staff interviews revealed a practice of residents not used as translators or readers for other residents. The facility has knowledge of the youth's arrival to the facility prior to the admission date and all residents are placed by OJJ. This time period provides for the identified staff to make plans to accommodate the special needs of residents and collaborate with OJJ staff as needed. Youth are screened by OJJ and the Rutherford House to ensure the best placement for the youth, including the ability to address any special needs. Any special arrangements are coordinated by treatment team staff and the Superintendent. PREA posters, information sheets, and other printed materials are collectively available in English and Spanish, and there is access to other languages when indicated.

Provision (e): The facility shall maintain documentation of resident participation in these education sessions.

Signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents' interviews revealed the exposure to PREA through the PREA education sessions. The residents were aware of how to report allegations of sexual abuse and sexual harassment and that they would not be punished for reporting such. The refresher PREA education session and receipt of advocacy facility and services information provided enhanced PREA education sessions.

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

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide information on sexual abuse and sexual harassment; steps victims may take; and reporting information. Each resident is provided a handbook which also contains PREA information. PREA-related information was observed posted or displayed throughout the facility.

PREA signage is placed at varying eye levels and are colorful and/or graphic with

	consistent messages. The interviews with the residents revealed they know where to find information on the walls in the housing units or administrative building if they need it. The interviews confirmed the PREA audit notices had been up for awhile and that the PREA information is always on the walls. PREA information is located in the housing units; common areas for staff, residents, contractors, and visitors; and administrative building. Conclusion: Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with the provisions of this standard.
--	---

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: PREA Policy Training Certificates Interview: Investigative Staff Provisions (a) and (b): (a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.(b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Policy and practice provide for investigations of allegations of sexual abuse that are criminal in nature be conducted by the Shreveport Police Department. Administrative investigations are conducted by trained facility-based investigators and the Louisiana Office of Juvenile Justice agency investigators. The PREA Policy provides for the investigators to be trained. The investigators have received the regular PREA training as evident through documentation. The investigators have received additional training in conducting investigations as confirmed by a review of training certificates and interviews. The online training course, PREA: Investigating

	Sexual Abuse in a Confinement Setting, through the National Institute of Corrections addresses the tenets of the standard, as confirmed by the investigative staff interview. Provision (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. There are two administrative staff members identified as facility-based investigators. Both have Certificates of Completion of the online course, PREA: Investigating Sexual Abuse in a Confinement Setting provided by the National Institute of Corrections. Provision (d): Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations. The Louisiana Office of Juvenile Justice, Louisiana Department of Children and Family Services, Louisiana Child Protective Services Department and the Shreveport Police Department provide training to its investigators who also may conduct investigations within the facility. Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.
--	--

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Training Certificates Interviews: Medical Staff Mental Health Staff Provision (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

	(1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Policy and facility practice provide medical and mental health staff members receive the regular PREA training as well as the specialized training. Acknowledgement statements, sign-in sheets, certificates and interviews document regular and specialized training for medical and mental health staff members. The documentation confirms the medical staff, including contractors, completed online health care training through the National Institute of Corrections. The interviews and a review of training Certificates confirmed completion of training which includes the provisions of the standard. Provision (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. A forensic medical examination will not be conducted at the facility. Provision (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The training certificates and the interviews with medical and mental health staff confirmed receipt of the required training. Provision (d): Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner's status at the agency. Medical and mental health staff completed the general training that is provided for all employees or contractors as applicable. The standard PREA training is provided by the PREA Coordinator and may be obtained online. Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.
--	---

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents: PREA Policy Victimization/Aggression Admission Screening Intake Assessment/Behavior Support Plan Housing Assessment Risk Scale Interviews: Staff That Perform Screening for Risk Residents PREA Coordinator Provision (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The policy provides a risk screening occurs at intake and no later than 72 hours upon arrival to the facility. The practice, supported by the documents and residents' interviews is that a resident is interviewed upon arrival to the facility to obtain information about the resident's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The Victimization/Aggression Admission Screening instrument is used during the admission process and other assessments are conducted which contribute to keeping the resident safe. The risk level is reassessed quarterly or if new information is received. The Housing Assessment instrument focuses on individual characteristics for the purposes of safety and positive assimilation in the group living setting. The Intake Assessment/Behavior Support Plan assists staff in obtaining and understanding the resident's background and provides support in the development of strategies and interventions to address identified needs. The collective documents confirmed there was an attempt to ascertain the following information: (1) Prior sexual victimization or abusiveness; (2) Resident's own perception of vulnerability; (3) Level of emotional and cognitive development; (4) Intellectual or developmental disabilities;

(5) Physical Disabilities

Provision (b): Such assessments shall be conducted using an objective screening instrument.

The objective screening instrument, Victimization/Aggression Admission Screening, is used to obtain primary information including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety. The instrument is tabulated based on the information received where identified responses can identify any special needs and safety concerns.

Assessments are conducted through the use of the Victimization/Aggression Admission Screening containing verifiable items that collectively provide a presumptive determination of risk for victimization or abusiveness. The instrument is administered by mental health staff consistently which also assists in minimizing subjective interpretation and bias. The interviews and review of documentation revealed the initial use of the instrument is primarily on the same day of admission.

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

The screening instruments were reviewed and it was determined that all factors required by this provision of the standard were included. The interview with the risk screener confirmed awareness of the elements of the risk screening instrument. The resident interviews also confirmed the administration of the screening instrument.

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

The information is ascertained through an interview with the resident and information gleaned from court records and behavior reports. The review of the instrument and interview with the staff responsible for risk screening confirmed the information is ascertained through the resident's interview, reviewing the court packet, school record and medical assessment. Additional information may be gained through the initial physical/psychological appointment, and initial session with Counselor. Resident and staff interviews and documentation confirmed the use of a screening process for housing decisions.

Provision (e): The agency shall implement appropriate controls on the dissemination

	within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. According to the interview with the risk screener, the information is only available to treatment and administrative staff. Confinement records are maintained in locked file cabinets in a locked. office. Online documents are password protected. The evidence shows the facility follows this provision of the standard. Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.
--	--

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Victimization/Aggression Admission Screening Intake Assessment/Behavior Support Plan Housing Assessment Interviews: Residents PREA Coordinator Staff That Performs Risk Screening Random Staff Provision (a): The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Policy provides guidance to staff regarding the use of the information obtained from screening instruments. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education and

other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of samples of the completed screening instruments. The interview with the risk screening staff confirmed the information from the screening instruments, primarily Housing Assessment, is used in the housing decisions to determine the living unit and bed placement for each resident. The Housing Assessment considers several key factors for classification and placement of a youth in the appropriate living unit and/or bed placement including institutional predatory history; current diagnoses; and most serious prior offense.

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

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Policy states and interviews confirmed that isolation is not used in this facility.

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

Policy prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing solely based on how the residents identify or their status. Policy also prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or group homes observed to be reserved for transgender or intersex residents. Housing assignments are made on a case-by-case basis, referencing the assessment instruments.

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

Policy supports that housing and program assignments for transgender or intersex residents will be made on a case-by-case basis and these residents would not be placed in particular or special housing which was evident from staff interviews and observations. There were no transgender or intersex residents in the facility during the site review and this audit period. Staff 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. The evidence shows the facility follows this provision of the standard.

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

The PREA policy provides placement and programming assignments for each transgender or intersex resident be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident; staff is aware of the requirement. Based on the review of the assessments and interviews, the evidence shows the facility is capable of following this provision of the standard.

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

The resident's concern for his own safety is taken into account through the administration of screening instruments and this applies to every resident. The residents confirmed in the interviews, they are asked about their safety concerns and staff periodically meet with them through individual sessions or group meetings. The staff interviews revealed staff members are aware of the policy which requires the provision of the standard.

Provision (g): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The policy states transgender or intersex residents shall be given the opportunity to shower separately from other residents which is also supported by staff interviews. The observations during the comprehensive site review provides that a transgender or intersex resident may shower separately from other residents. The showers in each group home are separate stalls with each stall having a shower curtain.

Provision (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.

The policy states and the interviews confirmed that isolation is not used in this facility. The licensing authority prohibits the use of isolation.

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

The policy states and informal conversations with residents and staff interviews confirmed that isolation is not used in this facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor

	determined the facility is compliant with this standard.
--	--

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Parent & Resident Manual Resident Complaint Form Interviews: Residents Random Staff PREA Compliance Manager Provision (a): The facility shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy provides for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour abuse reporting hotline. Dedicated telephones are made accessible to residents, in each housing unit, for reporting allegations of sexual abuse and sexual harassment. Staff members are required to make the use of the telephone accessible for residents to report allegations of sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The reporting information is posted at the telephones. Policy, posters, brochures, information sheet, and the Parent & Resident Manual collectively provide telephone numbers and instructions for reporting allegations of sexual abuse or sexual harassment. In addition to accessing a telephone, residents are also informed in the PREA education sessions, determined from the interviews, that they may tell staff; submit a complaint in writing utilizing a Resident Complaint Form; or use the hotline regarding allegations of sexual abuse or sexual

harassment. A Resident Complaint Form was submitted alleging sexual harassment and received an administrative investigation.

The residents interviewed identified someone who did not work at the facility they could report to about sexual abuse or sexual harassment. The random staff and resident interviews collectively revealed residents may use a telephone, submit a complaint in writing, or talk to staff to privately report allegations of sexual abuse and sexual harassment. The resident is provided the hotline number in writing throughout the facility, including in the, Parent & Resident Manual, brochures, and posted information. According to interviews and informal conversations, residents have access to use the telephone to report allegations and to communicate with approved contacts on the outside.

Residents have access to writing utensils; Resident Complaint Forms; and locked boxes for receipt of the forms which are accessible to all residents for reporting allegations of sexual abuse and sexual harassment. Written notes or letters and other completed forms may also be given to staff if the resident chooses to. If a Resident Complaint Form is used to make a written allegation of sexual abuse or sexual harassment, the reporting procedures will be implemented in accordance with policy. PREA information is posted and each resident is provided a handbook which contains reporting and other PREA related information. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policy and procedures, training, shift briefings, and staff meetings.

Provision (b):

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

The abuse reporting hotline may be used by residents and staff to report allegations of sexual abuse and sexual harassment. The interviews revealed familiarity with policy and posted information on how to report allegations. Telephones are accessible to all staff and are made accessible to residents by staff; a resident may remain anonymous upon request. The telephone hotline was tested; the telephone was in working order and attended by an operator who explained the routing of the calls. An allegation may also be reported in Spanish if needed. Project Celebration, Inc. receives the calls reporting allegations and will contact the facility and inform the Superintendent or designee regarding any allegations of sexual abuse or sexual harassment. The reports of sexual abuse or sexual harassment are accepted by facility staff and referred for an investigation to the appropriate investigative entity. The facility does not detain residents solely for civil immigration purposes according to written communication from the Facility legal department.

Provision (c):

	Staff shall accept reports made verbally, in writing, anonymously, and from third-parties and shall promptly document any verbal reports. The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to document verbal reports. The resident interviews collectively indicated awareness of reporting either in person, in writing, by telephone, or through a third-party. The residents may remain anonymous by not recording their names if an allegation is made in writing. Interviewed staff members were aware of their duty to receive and document the receipt of verbal reports. PREA related information is stored in locked file cabinets within an office behind locked doors. Electronic records are password protected and staff access identified. Provision (d): The facility shall provide residents with access to tools necessary to make a written report. Interviews and observations revealed writing materials are available for residents to complete a forms or write a note. Each resident is provided a Parent & Resident Handbook which contains information regarding reporting by a written method. The interviews, review of documents and facility practices revealed alignment with the facility and facility policy. All residents have access to writing tools as confirmed by interviews and observations by the Auditor. Provision (e): The facility shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. The staff interviews revealed staff can privately report allegations of sexual abuse and sexual harassment through a call to the abuse reporting hotline and/or speak directly to the supervisor or Assistant Superintendent. Random staff were able to walkthrough the processes for the methods they provided for reporting allegations of abuse. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.
--	--

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

PREA Policy

Parent and Resident Handbook

Resident Complaint Form

Interviews:

PREA Coordinator

Superintendent

Investigative Staff

Random Staff

Random Residents

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

The Auditor confirmed through the PREA policy, interviews and submitted Resident Complaint Form/grievance form that the facility has administrative procedures to address residents' grievances if they involve sexual abuse. The grievance system serves as a method for residents to report allegations of sexual abuse and sexual harassment. The allegation of sexual abuse was received through the grievance system and referred for administrative investigation. The facility utilizes the grievance system as another way a resident may report an allegation of sexual abuse or sexual harassment and the option of putting an allegation in writing.

Provision (b): (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Based on the review of the PREA policy, Parent and Resident Manual, Resident Complaint Form, and interviews, evidence shows the facility provided relevant information to the residents and parents/guardians and follows this provision of the standard. The review of the grievance revealed an allegation that that received an administrative investigation and adhered to timelines.

Provision (c): The agency shall ensure that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Based on the review of the PREA policy, Parent and Resident Manual, and submitted grievance, interviews, and observation of the locked grievance boxes, evidence shows the facility provides relevant information to the residents and follows this provision of the standard.

Provision (d): (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

The PREA policy provides for the timelines of 90 days by which a decision must be reached and within five days a review and an agency decision as to the risk of imminent danger to the resident. A grievance was referred for an administrative investigation; the allegation was not criminal in nature. An allegation will be investigated by the Shreveport Police Department if determined to be criminal in nature.

Provision (e): (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

The PREA policy provides that a parent or any other person can assist in filing requests for administrative remedies relating to the allegations of sexual abuse and/or sexual harassment. The residents interviewed were aware of the availability of third-party assistance, if needed. No assistance was needed in filing the one grievance that was received.

Provision (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a

	resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PREA policy and other instructional materials regarding the grievance process are aligned with this provision of the standard. The timelines are aligned with the standard by policy and practice. Provision (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. Policy states that a resident who files a false report of sexual abuse or sexual harassment may receive consequences. The consequences may involve the loss of privileges. The residents are aware that there will be consequences for making false allegations regarding sexual abuse or sexual harassment. The interviews with the residents also revealed they understood they would not be punished for reporting an allegation of sexual abuse or sexual harassment. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.
--	---

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Memorandum of Understanding (MOU) Posted Information Parent & Youth Handbook Interviews:

Residents

Superintendent

PREA Coordinator

Advocacy Agency Representative

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

Interviews revealed that residents required a refresher regarding victim advocacy services due to the residents not verbalizing a clear knowledge of the available advocacy services. The residents were in need of a refresher education session, focusing on advocacy services, which was facilitated through the PREA Coordinator during the post onsite audit phase. The MOU with Project Celebration, Inc. remains in effect and hotline services are accessible to residents to request advocacy services and to report allegations of sexual abuse or sexual harassment. When allegations are reported, the information is provided to the facility and a request for advocacy services is properly routed. The interviews with the representative of the Project Celebration, Inc. confirmed the advocacy services to be provided when needed, as stated in the MOU.

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials and PREA education sessions with rotating topics provide information on sexual abuse and sexual harassment; steps victims may take; and reporting information. Each resident and parent/guardian are provided a handbook which also contains PREA information.

PREA-related information was observed posted or displayed within the main building and living units. PREA signage is placed at varying eye levels and are graphic with consistent messages. Informal conversations with residents revealed they know where to find information on the walls if they need it. The interviews confirmed the PREA audit notices had been posted for awhile and that the PREA information is always on the walls. Residents have ongoing access to writing materials and grievance boxes. All residents reported that visitation, home passes, and sending and receiving mail are available to them.

Provision (b): The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory

	reporting laws. Policy, facility staff interviews and the refresher education sessions provide there will be adherence to confidentiality measures and this information is shared with residents during PREA education sessions and reminders through postings and other printed material. The information is provided to residents, in accordance with mandatory reporting laws. Provision (c): The facility shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The facility shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The provision of advocacy services includes but not limited to emotional support; accompaniment through the forensic medical examination and investigative interview; and referrals. The advocacy agency representative confirmed the information contained in the written agreement. The MOU, policy, and interviews provides for confidentiality and privileged information between Project Celebration, Inc. and the alleged victim of sexual abuse. The interviews also provided that State laws regarding such information will be adhered to. Provision (d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by policy, interviews and the handbook. All residents interviewed confirmed communication opportunities occur. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.
--	---

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Parent and Resident Manual

	Posted PREA Information Investigation Report Website Information Interviews: Random Staff Residents PREA Coordinator §115.354: The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The PREA policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be made and indicated the information will be accepted, reported and investigated. Staff members reported they are to immediately document all verbal reports received. The interviews revealed that staff may report allegations privately through the use of the abuse reporting hotline, file a grievance, write a note to an administrator, or go directly to a supervisor, management staff, or the Superintendent. Information regarding reporting is posted on the facility's website, contract agency website, and contained in the Parent and Resident Manual which is provided to parents/guardians. Reporting information is also posted in the main building, each housing unit, and education area, accessible to visitors and contractors. All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them if they needed them to. The interviews with the residents revealed their knowledge of third-party reporting. The residents identified the methods within the facility in which they may make third-party reports such as file a grievance, report to staff or a family member, or utilize the abuse reporting hotline telephone. A third-party report was made by a person who received a telephone call from a youth at the facility. The allegation was administratively investigated by the OJJ and a facility-based investigator. The allegation was not criminal in nature. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.
--	--

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

	Auditor Discussion Documents: PREA Policy Training Sign-in Sheets Training Acknowledgement Statements Interviews: Random Staff Medical Staff Mental Health Staff Superintendent Provisions (a) and (b): (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws. The PREA Policy addresses provisions of the standard including providing that all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State. The facility's and Office of Juvenile Justice's trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Shreveport Police Department. Allegations of sexual abuse are also reported to the Louisiana Department of Children and Family Services. Documents and interviews reveal that reporting allegations of sexual abuse and sexual harassment was done in accordance with the State's mandatory reporting laws and the PREA Policy. The employees are mandated reporters and are trained regarding their duty to report and how to report allegations. The staff interviews were aligned with the requirements of the PREA Policy and standard. A review of documentation demonstrates information reported to staff is reported to the appropriate authorities. Staff members are instructed to report all allegations of sexual abuse or sexual harassment directly to one of the investigators as indicated in interviews. The facility-based investigators, responsible for conducting administrative investigations, will make the official reports to the investigative authorities and other individuals according to policy. Provision (c): Apart from reporting to designated supervisors or officials and
--	---

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

Policy supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary regarding the investigation. Providing information is based on the need to know by those involved in such as designated supervisors and state and local officials related to the investigation. Staff is expected to abide by the confidentiality requirements of the facility, according to the Superintendent. Interviews with random staff indicated their knowledge of the prohibition of 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.

Provision (d): (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The medical and mental health staff interviewed collectively indicated that residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent may be documented for a resident 18 years and older regarding reporting allegations of sexual abuse that did not occur in an institutional setting.

Provision (e): (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Policy and practice provide that reports of allegations of sexual abuse will be made by facility-based investigator. Allegations of sexual abuse are also reported to the Shreveport Police Department and Louisiana Department of Children and Family Services, Child Protection Services; all related information will be provided to the investigative entity. Policy also provides for parents to be notified. The interview with the Superintendent confirmed if the resident is under the custody of the Louisiana Department of Children and Family Services, the case worker will be

	notified. Provision (f): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The policy provides for all allegations to be reported to an investigator. The allegation will receive an administrative investigation from one of the facility-based investigators. If the allegation is criminal in nature, the investigator will report the allegation to the investigative entity authorized to conduct criminal investigations. Third-party and anonymous reports received must be reported and documented by staff as confirmed through random staff interviews. The PREA policy and interviews indicate that all allegations will be reported. There were two PREA allegations reported during this audit period. Conclusion: Based on the evidence and interviews, the facility is compliant with this standard.
--	--

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Grievance Forms Intake Assessment/Behavior Support Plan Victimization/Aggression Admission Screening Housing Assessment Interviews: Superintendent/Agency Head Random Staff §115.362 When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The facility's PREA policy requires staff to protect the residents through implementing protective measures. Administration of the vulnerability screening instrument, Victimization/Aggression Admission Screening, and the Housing

	Assessment provide information that assists and guide staff in keeping residents safe through housing and program assignments. Treatment team collaboration and the completed assessments provide information which offer more insight and background in determining the risk level of each resident. The Housing Assessment considers several key factors for classification and placement of a youth in the appropriate living unit and/or bed placement including institutional predatory history; current diagnoses; and most serious prior offense. The interviews of the random staff and Superintendent/Agency Head revealed protective measures include but are not limited to alerting supervisor, implementing closer supervision, and separating the residents including moving to a different room or housing unit. The Superintendent/Agency head and the random staff indicated the expectation is that any action to protect a resident would be taken immediately. Based on the interviews and review of assessment and grievance forms, there was no resident identified to be at substantial risk of imminent sexual abuse in the past 12 months. The interviews with the residents revealed that during the intake process they are asked about how they feel about their safety as part of the inquiries by staff completing the paperwork. The screening instruments support the information provided by residents. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.
--	--

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Interview: Superintendent/Agency Head Provisions (a), (b), (c), and (d): (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c): The agency shall document that it has provided such notification. (d): The facility head or agency office that receives such notification

	shall ensure that the allegation is investigated in accordance with these standards. Policy provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Superintendent will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency. Notification is to be made no later than 72 hours after receiving the information and the notification must be documented as required by policy. It is the responsibility of the receiving agency to ensure an investigation is completed as the Office of Juvenile Justice, Child Protection Services, and the Shreveport Police Department if indicated. The Superintendent is familiar with policy and their responsibilities regarding such. In the past 12 months, there were no allegations of sexual abuse occurring at another facility, received by Rutherford House. Conclusion: Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.
--	---

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Investigation Reports Interviews: Random Staff Provision (a): Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of

	physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Policy and training for staff provide that upon learning of an allegation that a resident was sexually abused the first security-level staff member to respond to the report shall be required to: - Separate the alleged victim and abuser; - Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; - Depending on the time span regarding the collection of physical evidence, staff must request that the alleged victim not take any actions that could destroy physical evidence. The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were no allegations or incidents where staff had to act as a first responder within this context in the last 12 months. Provision (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Policy provides that non-security staff who may act as a first responder would immediately alert security or program staff and take action to protect the resident. There were no allegations or incidents where a non-security staff member had to act as a first responder in the last 12 months. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.
--	--

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy PREA Coordinated Response to Sexual Abuse Interviews:

	Random Staff Superintendent §115.365: The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility has developed a written institutional plan to coordinate actions to be taken in response to sexual abuse. The format of the plan is a checklist which lists the protocols, in sections, to be followed by identified staff. The institutional plan is aligned with the information in the PREA policy and the standard regarding the response to an allegation or incident of sexual abuse. It includes the involvement of identified staff members such as the first responder; supervisors; medical; mental health; and management. The checklist contains steps to take and staff to be encountered for the provision of services. The random staff interviewed were familiar with the roles regarding the response to an allegation of sexual abuse. The Superintendent was aware of the coordinated actions that would be implemented in response to an allegation or incident of sexual abuse. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility complies with the standard.
--	--

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The interviews with the Superintendent/Agency Head and PREA Coordinator revealed the facility is not responsible for collective bargaining agreements.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy

Program Director Resident Contact Forms

Case Notes

Interviews:

Superintendent/Agency Head

Retaliation Monitor

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

Policy supports protecting residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The retaliation monitor is familiar with the role and its purpose. A sample of retaliation monitoring documentation was reviewed. The documents provide for a narrative of whether the individual has been threatened or been treated unfairly and if any retaliation has been noted or experienced. The resident is provided the opportunity to report any maltreatment. The written policy also provides for the review of housing changes and removal of alleged staff or youth from contact with victims.

The policy provides the facility shall protect all residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. Each housing unit has identified staff responsible for retaliation monitoring. The Superintendent and two Assistant Superintendents are also responsible for retaliation monitoring per the policy. The interview with a retaliation monitor and documentation confirmed retaliation monitoring occurs.

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

The Policy and interview demonstrate measures to protect staff and residents which are aligned with the measures in this provision such as:

- a. Initiating housing changes for resident victims or abusers;
- b. Re-assigning alleged staff to another group home to protect staff, witness or resident;
- c. Removing alleged abusers;
- d. Emotional support services for residents and staff through the Counselors at the

facility or the MOU with Project Celebration, Inc.

e. The Executive Director's "open door" policy to discuss such issues.

The interview with the retaliation monitor confirmed the facility protected residents and staff from retaliation for reporting sexual abuse and sexual harassment allegations. Protective measures include housing changes, removing alleged abusers through suspension until the investigation is completed, and emotional support services.

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

Policy provides that the monitoring of the conduct and treatment of residents or staff who reported the sexual abuse, and of residents, who were reported to have suffered sexual abuse, would occur for at least 90 days. It would be done to see if there are any changes that may suggest possible retaliation is occurring. The Superintendent or Assistant Superintendents would act promptly to remedy the situation. The following would be monitored: demeanor and behavior of staff and residents; disciplinary reports; lack of progress; behavior management system; and program changes. The monitoring continues beyond ninety (90) days, if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.

Provision (d): In the case of residents, such monitoring shall also include periodic status checks.

The policy, documentation, and the interview support that status checks are initiated with residents. Case notes and other written documentation confirmed retaliation monitoring occurred.

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

Policy considers other individuals who cooperate with an investigation if they express fear of retaliation from another resident or staff member. The retaliation monitor interviewed indicated he would also take appropriate measures to protect that individual against retaliation.

Provision (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. The facility's obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded.

	The obligation to monitor for retaliation terminates if it is determined the allegation is unfounded. The interview determined familiarity with the requirements regarding retaliation monitoring policy and practice. Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.
--	--

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy Interviews: Superintendent Medical Staff Mental Health Staff §115.368: Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342. The PREA policy provides that residents are not isolated from others and observations revealed that no segregated housing is located on facility grounds. The interviews supported that segregation/isolation is not used at this facility. Conclusion: Based upon the review and analysis of policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

PREA Policy

Letter to Law Enforcement

Training Certificates

Investigation Records

Interviews:

Investigative Staff

Superintendent

Random Staff

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

Policy provides that all incidents of alleged sexual abuse or sexual harassment be adequately addressed through investigation. The facility and Louisiana Office of Juvenile Justice (OJJ) investigators conduct administrative investigations and allegations that are criminal in nature are investigated by the Shreveport Police Department; confirmed by policy and interviews with a facility-based investigator. The Louisiana Department of Children and Family Services also conduct investigations of sexual abuse.

Provision (b) and (c): (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The Auditor reviewed the training certificates for the facility-based investigators and the interview was aligned with the training and the standard. The facility-based investigators for the facility have Certificates of Completion of the online course, PREA: Investigating Sexual Abuse in a Confinement Setting provided by the National Institute of Corrections.

Provision (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Policy provides that no investigation is terminated solely because the source of the allegation recants the allegation. The interview with investigative staff confirmed this premise.

Provision (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with

prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The facility and OJJ investigators do not conduct investigations that are criminal in nature; such investigations are conducted by the Shreveport Police Department

Provision (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff, in accordance with policy, training and the interview. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation, also according to the PREA policy and interview.

Provisions (g) and (h): (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Investigation and related reports and the interview with the investigative staff indicate efforts to determine whether staff actions or failures to act contributed to the abuse, in accordance with policy. All investigations are completed with written reports as referred to in the provisions and include a description of the physical and testimonial evidence and investigative facts and findings. There were two PREA allegations during this audit period and both received an administrative investigation.

Provision (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Policy provides that all allegations that are criminal in nature are referred to the Shreveport Police Department. The responsibility to refer for prosecution lies with the Shreveport Police Department.

Provision (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The PREA policy addresses this standard provision. Investigative reports are

	maintained for 10 years. Provision (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Policy provides that upon the start of an investigation, it will not end until the investigation has been completed. The interview with the investigator support the policy and standard provisions. Provision (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. The investigative agencies are aware of the PREA standards requirements. A standard letter is sent to the Shreveport Police Department by the PREA Coordinator requesting the Department to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The letter references protocols developmentally appropriate for youth. Provision (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The interviews indicate that staff cooperate with outside investigators. Facility leadership will remain informed about the progress of an investigation through a good working relationship. The OJJ provides to the facility a document, following its conclusion of an investigation. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.
--	---

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Training Certificates Interview: Investigative Staff

	§115.372: The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility policy and investigator training provide that the investigative staff shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the investigative staff was aligned with the policy and provision of the standard. The interview revealed that a preponderance of the evidence is required to substantiate an allegation of sexual abuse or sexual harassment. Conclusion: Based upon the review and analysis of the policy, training documentation and interviews, the Auditor determined the facility is compliant with this standard.
--	---

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy Case Notes Assistant Director Notes Interviews: Investigative Staff PREA Coordinator Superintendent Provision (a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The policy addresses the resident being informed when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The resident is informed of the results of an investigation by one of the Assistant Superintendents or designee. The Superintendent, Assistant Superintendent, and PREA Coordinator remain abreast of an investigation conducted by any of the investigative entities. The documentation and interviews provide that a resident is informed of the results of an investigation and the notification is

documented.

Provision (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

The Superintendent, investigative staff, and PREA Coordinator remain abreast of an investigation conducted by the Office of Juvenile Justice (OJJ). Documentation from OJJ was provided to the facility regarding the two completed investigations of sexual harassment. The other investigative entities, child welfare agency and law enforcement, will also keep the leadership team informed of the investigation progress as confirmed by the interviews. There were no sexual abuse or sexual harassment investigations completed by the Shreveport Police Department; administrative investigations were completed by facility-based investigators and OJJ.

Provision (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer assigned within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse within the facility; or
- d. The staff member has been convicted on a charge related to sexual abuse within the facility.

Provision (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The policy provides that following a resident's allegation that he has been sexually abused by another resident the alleged victim shall be subsequently informed whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse; or

	b. The alleged abuser is adjudicated on a charge related to sexual abuse. Provision (e): All such notifications or attempted notifications shall be documented. Policy provides that all such notifications or attempted notifications be documented. The notification to residents regarding the findings of an investigation are shared with the resident and documented in case notes or Assistant Director's notes. There was not an allegation of sexual abuse as defined within the parameters of PREA. Provision (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. Policy provides that the facility's obligation to report under this standard terminates if the resident is released from the facility's custody. Conclusion: Based on the review and analysis of the available documentation and interviews, the Auditor determined the facility is compliant with this standard.
--	---

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy Interview: Superintendent Provision (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The policy and interview support that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. There was no staff member disciplined, during this audit period, for violating sexual abuse or sexual harassment policies. Provision (b): Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Policy states that termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. The interview was aligned with policy. Provision (c): Disciplinary sanctions for violations of agency policies relating to

	sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff. During this audit period, there were no allegations of sexual abuse or sexual harassment involving staff. Provision (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies. No staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies during this audit period and there have been no related staff resignations. Conclusion: Based upon the review of policies and the interview which were aligned with policies, the Auditor determined the facility is compliant with this standard.
--	--

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy Interviews: Superintendent Provision (a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy provides for contractors and volunteers who engage in sexual abuse to be

	reported to law enforcement and to relevant licensing bodies. Training records and interviews with contractors revealed the facility provides contractors a clear understanding that sexual misconduct with a resident is prohibited. The training is acknowledged through a signed statement maintained in the personnel file and was acknowledged during their interviews. There have been any allegations of sexual abuse or sexual harassment regarding a contractor. There are no volunteers providing services in the facility at this time. Provision (b): The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The facility will take the appropriate remedial measures, and consider whether to prohibit further contact with residents and based on the outcome of the investigation, as inferred by interviews and policy. In the past 12 months, no contractors was reported for allegations of sexual abuse or sexual harassment. There are no volunteers in the facility at this time. Conclusion: Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.
--	--

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Parent and Resident Manual PREA Brochure Investigative Reports Interviews: Superintendent Mental Health Staff Medical Staff Provision (a): A resident may be subject to disciplinary sanctions only pursuant to a

formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

The PREA policy provides that dealing with rule violations and disciplinary sanctions are pursuant to an administrative hearing. According to the interviews and documents, sanctions are directly related to the seriousness of the negative behavior which includes demotion within the behavior management system.

Provision (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The PREA policy and the Parent and Resident Manual consider that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Isolation of a resident is not used at this facility and is prohibited by the licensing authority. Isolation is not used as a practice in this facility.

Provision (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The disciplinary and other processes within the program 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. This was confirmed by the interview with the Superintendent.

Provision (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

The facility would consider whether to offer an offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation, based on the interview with the mental health staff. Specialized counseling is also provided offsite if it is determined additional specialized treatment is needed. The facility may require participation in such intervention services as a condition to access privileges but not as a condition

	to access general programming or education. Provision (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The PREA policy provides that the facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact. Provision (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In accordance with policy, the practice is that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting or an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Provision (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Policy prohibits any sexual conduct between residents; all such conduct is subject to disciplinary action. Referrals are made to the investigative entities and court processes occur when it is determined the sexual activity was coerced. Conclusion: Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.
--	--

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy Interviews: Medical Staff Mental Health Staff

Staff Responsible for Risk Screening

Provisions (a) and (b):

(a): If the screening pursuant to §115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. (b): If the screening pursuant to §115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Policy and practice provide that a resident be referred to mental health or medical staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff and review of documents revealed when the issues are identified upon admission, the documented referral is routinely made the same day, always well within 14 days, and the resident seen by mental health staff within 24 hours.

Provision (c):

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

Policy supports that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual abuse history. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to clinical and treatment staff and to other staff, based on their need to know, to make effective management decisions. During the onsite review, the files were observed to be maintained in a secure manner in locked file cabinets behind the locked door. Electronic records are password protected.

Provision (d):

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Policy addresses informed consent being obtained from residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. The mental health and medical staff interviewed expressed an understanding of the use of informed consent. Documentation of informed consent would be included in the resident's record.

Conclusion:

	Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.
--	--

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Memorandum of Understanding (MOU) Interviews: Medical Staff Mental Health Staff Medical Staff Provision (a): Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Policy supports that the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services and advocacy services. The victim would be transported to the Oschner-University Health emergency room for a forensic medical examination, at no cost to the victim. The interviews revealed the medical and mental health services are determined according to the professional judgment of the practitioner on site at the facility. The interview with the medical staff confirmed the emergency services that would be accessible at Oschner Louisiana State University Health Shreveport-Academic Medical Center emergency room and provided by qualified medical personnel. Residents are informed of clinical services during the intake process. Documents demonstrated residents’ general access to medical services onsite as well as medical appointments offsite. The residents have access to help request forms on their living units. Residents are provided access to an outside victim advocacy agency, Project Celebration Inc. Services include but are not limited to emotional support, hospital advocacy and accompaniment through the investigative interviews and forensic medical examination. Observations revealed that medical and mental health staff members maintain secondary materials and documentation of resident encounters. There have been no incidents of sexual abuse during this audit period. During such an emergency, facility medical and mental health staff may be

	contacted by telephone if they are not onsite. Provision (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. The policy and written coordinated response plan provided guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. A review of the written coordinated response plan; observations of the interactions among residents and medical and mental health practitioners; and the interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse. Provision (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Policy and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff. The services may include but not be limited to: medication management; follow-up appointments; following discharge and doctor's orders; and counseling. Services are also available to residents by the Louisiana Department of Health-Caddo Parish Health Unit and the advocacy agency, Project Celebration, Inc. The facility houses males only. Provision (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy provides that treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser, or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews. There were no allegations that required advocacy services and advocacy services were not requested. Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.
--	---

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

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy Interviews: Medical Staff Mental Health Staff Provision (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy requires that a medical and mental health evaluation and treatment be offered to resident victims of sexual abuse. The policy and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate. Provision (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate. Follow-up services for victims will include but not be limited to counseling and adjusted treatment plan; medication management where indicated; physician services as needed; and referrals for community services as needed. Provision (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care. Staff interviews and observations revealed medical and mental health services are consistent with the community level of care. Provision (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The facility does not house female residents. Provision (e): If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

	The facility does not house female residents. Provision (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Follow-up services will be conducted at the facility, as needed, based on policy and interviews. Additionally, the policy and interviews also provide that such services are accessible through the Caddo Parrish Health Unit. Provision (g): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. All treatment services will be provided at no cost to the victim, according to the policy and interviews. Provision (h): The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The mental health staff interview supported that attempts are to be made for a mental health practitioner to conduct a mental health evaluation within the required time period on all known resident-on-resident abusers and offer appropriate treatment. Policy provides for 60 days; services will include but not be limited to individual, group and family counseling onsite and offsite as indicated. Conclusion: Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.
--	---

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: PREA Policy Interviews: Incident Review Team Member Superintendent

PREA Coordinator

Provision (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Policy requires a sexual abuse incident review to be conducted at the conclusion of every sexual abuse investigation. It is understood and the policy supports that this occurs also if the allegation has not been substantiated, unless the allegation has been deemed to be unfounded. A review of policy and the interviews confirmed incident reviews will be conducted regarding the investigation of allegations of sexual abuse. The administrative investigations of sexual harassment allegations revealed that one allegation was unsubstantiated and the other was unfounded. The management team investigates and reviews all allegations. The Office of Juvenile Justice is contacted and also conduct administrative investigations.

Provision (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The policy requires that the review occurs within 30 days of the conclusion of an investigation. The incident review team member verified the incident reviews will occur within 30 days of the conclusion of the investigations in accordance with the policy and standard.

Provision (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The policy identifies the incident review team members as the following:

Executive Director (Superintendent); Assistant Directors (Assistant Superintendents); Program Directors; Mental Health Counselor; Medical Staff; Investigative Staff; and PREA Coordinator. The review of documentation and interview with the incident review team member verified the policy requirement. Input would be obtained from the appropriate additional staff as required.

Provision (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any

	recommendations for improvement and submit such report to the facility head and PREA compliance manager. The policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interviews and review of policy confirmed the incident review team is charged with considering the factors identified in the standard provisions regarding sexual abuse allegations and investigations. The incident review team considers the following: considering the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex, and other group dynamics; assessment of the area relative to the allegations; and, adequacy of staffing. The policy supports documentation of the meeting, including recommendations and the document is provided to the Superintendent and PREA Coordinator. The interviews and policy confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. The incident review team conducts and documents an internal administrative review of all allegations of sexual abuse and sexual harassment. Provision (e): The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Policy indicates the administration will implement the recommendations for improvement, or will document its reasons for not doing so. The Superintendent and PREA Coordinator are familiar with this policy requirement. Conclusion: Based upon the policy, supporting documentation, and interviews, the Auditor has determined the facility is compliant with this standard.
--	---

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Louisiana Office of Juvenile Justice (OJJ) Annual PREA Report Facility Monthly Reports Interviews: PREA Coordinator

Superintendent/Agency Head

Provisions (a) & (c): (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The policy and Louisiana Office of Juvenile Justice (OJJ) provide for the collection of accurate, uniform data for every allegation of sexual abuse from incident-based documents. A review of the agency's collection of data instrument and the facility's maintenance of data demonstrates that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (currently known as Survey of Sexual Victimization) conducted by the U. S. Department of Justice. The facility assembles monthly data and submits it to OJJ. Each monthly report shows data collected for total number of PREA related incidents; total number of PREA investigations referred and completed; results of investigations; and types of PREA allegations. The aggregated data submitted to OJJ contributes to the development of the agency's overarching annual PREA report which includes State-run and contract facilities.

Provision (b): The agency shall aggregate the incident-based sexual abuse data at least annually.

Policy and review of the annual report and data gathering instruments and other documents confirm the agency collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment the applicable State run and contract facilities. The facility assembles monthly data and submits it to OJJ which is vital to the annual aggregation of the agency data.

Provision (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of identified data and related documents regarding PREA and provides the information to the OJJ. The facility collects and maintains data in accordance with agency and facility policies and aggregates the data which culminates into an annual report compiled and posted online by OJJ.

Provision (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The OJJ maintains aggregated data from every private facility it contracts with for the confinement of its residents as confirmed by the facility's PREA Coordinator, facility monthly reports, and the OJJ 2024 Annual PREA Report.

Provision (f): Upon request, the agency shall provide all such data from the previous

	calendar year to the Department of Justice no later than June 30. Policy states that upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made by the Department of Justice. Conclusion: Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard.
--	---

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Louisiana Office of Juvenile Justice (OJJ) Annual PREA Report Facility Monthly Reports Interviews: Agency Head PREA Coordinator Provision (a): The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole. The interviews supported the review of data through regular management team meetings and that it is used to improve the facility's PREA efforts. The interviews and review of documentation revealed the collection of various types of data, including PREA related information. Data is reviewed to assess and improve the effectiveness of prevention, detection and response within the agency as well as individual facilities. The data is also primary to the contract agency in preparing annual reports.

	Provisions (b)-(d): (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The annual report is facilitated by the statewide PREA Coordinator for the contract agency and includes data from all State-run and contract facilities within the agency. The annual reports are approved by the agency head/designee. There are no personal identifiers in the report. The annual report contains PREA related data that represents previous calendar years allowing for the comparison of data. The inclusive report provides information regarding the agency's corrective actions in addressing sexual abuse. The overarching annual report for the agency is posted on the agency's website, accessible to the public. The facility prepares monthly reports and submits them to the contract agency which contributes to the compilation of the agency's overarching annual report. Conclusion: Based upon the review and analysis of the documentation, the Auditor determined the agency is compliant with this standard.
--	--

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: PREA Policy Annual Report Interviews: Superintendent PREA Coordinator Provisions (a), b, c, and (d): (a): The agency shall ensure that data collected pursuant to §115.387 are securely retained. (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. (c): Before

	making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. (d): The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. Policy provides that all data collected is securely stored and maintained for at least 10 years after the initial collection date. The aggregated sexual abuse data is available to the public through the agency's website. A review of the annual reports verified there are no personal identifiers. PREA related documentation is securely stored in locked file cabinets in locked offices. Conclusion: Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.
--	--

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA audits have been conducted as required for this facility with the last audit conducted in 2022. The PREA Pre-Audit Questionnaire and supporting documentation were provided to the Auditor in the automated online system. The Auditor was provided additional information in-person during the onsite audit phase, as requested. During the post audit phase, PREA Coordinator provided the Auditor with evidence that the corrective action of refresher education for the residents was implemented. A comprehensive site review was provided to the Auditor and there was full access to the facility. The facility's PREA Coordinator, superintendent, other facility staff were cooperative in providing information and participating in or facilitating the interviews. Appropriate work space was provided during the onsite audit phase. The superintendent and PREA Coordinator ensured that the interviews were conducted in private with the residents and staff. The posted notices regarding the audit were observed posted throughout the facility. The notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process for confidential correspondence however no correspondence was received by the Auditor.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents: Annual Report Monthly Reports Interviews: PREA Coordinator Superintendent Provision (f): The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public. The posted PREA reports do not contain any personal identifying information other than job titles and names of administrators. The facility’s policies and additional documentation, practices and interviews were reviewed regarding compliance with the standards and have been identified in the reports. The audit findings were based on a review of policies, procedures, supporting documentation, observations, and interviews. There were no conflicts of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles of administrators.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

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

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

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

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

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

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

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

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

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

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

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

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

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

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

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

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

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

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

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

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

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

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

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