

# YOUTH SERVICES POLICY

<b>Title:</b> Prison Rape Elimination Act (PREA)	<b>Type:</b> C. Field Operations <b>Sub Type:</b> 2. Security <b>Number:</b> C.2.11
	<b>Page</b> 1 of 7
<b>References:</b> See Attached Reference Document	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>Otha "Curtis" Nelson, Jr., Deputy Secretary</i>	<b>Date of Approval:</b> 05/15/2023

**I. AUTHORITY:**

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

**II. PURPOSE:** [115.312 (a)]

To adopt the national U.S. Department of Justice (DOJ) "Prison Rape Elimination Act" (PREA) Standards and to establish procedures for implementing PREA within YS secure care and contract facilities.

**III. APPLICABILITY:**

All YS employees, contract service providers, volunteers, and youth under the supervision of or in the custody of YS.

**IV. DEFINITIONS:**

**Agency** – For purposes of this policy, Agency refers to Youth Services and the Office of Juvenile Justice.

**Exigent Circumstances** – Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

**PREA Coordinator** – Upper level, Agency-wide official with the authority to develop policies and oversees the implementation of PREA standards within YS secure and contracted facilities.

**PREA Steering Committee** - A committee of executive and senior management appointed by the Deputy Secretary to meet as needed to discuss PREA related issues and incidents, initiating organizational improvement as necessary.

**Prison Rape Elimination Act (PREA)** - An Act signed into law in September 2003. This legislation requires the Bureau of Justice Statistics (BJS) to initiate new national data collections on the incidence and prevalence of sexual violence within correctional facilities. PREA defines four categories of sexual abuse for purposes of data collection: abusive sexual contacts, nonconsensual sexual acts, staff sexual harassment and staff sexual misconduct.

**Security Staff** – Employees primarily responsible for the supervision and control of inmates, detainees, youth or residents in housing units, recreational areas, dining areas, and other program areas of a facility.

**Staff Sexual Harassment** - Repeated verbal statements or comments of a sexual nature to youth by staff, visitors or Agency representatives, including: 1) demeaning references to gender or derogatory comments about body or clothing; 2) profane or obscene language or gestures; or 3) staff engaging in inappropriate conversation about sexual behavior with youth, outside of the scope of their normal duties.

**Staff Sexual Misconduct** - Any behavior or act of a sexual nature directed toward youth by staff, visitors or Agency representatives. Romantic relationships between staff and youth are included as misconduct. Consensual or nonconsensual sexual acts include:

1. Intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or
2. Completed, attempted, threatened, or requested sexual acts; or
3. Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.

**Youth/Juvenile** - Any person under the jurisdiction of the Louisiana Department of Public Safety and Corrections, Youth Services, regardless of age or reason for placement.

**YS Employee** - For purposes of this policy, a YS employee includes contract providers and volunteers.

**YS Field Services Investigator** - An assigned Regional Office field services investigator who conducts and completes investigations of allegations of sexual abuse and sexual harassment of youth assigned to a YS contracted non-secure facility.

**V. POLICY:** [115.311 (a)]

OJJ staff shall follow the requirements, procedures, and guidelines enumerated in the Office of Juvenile Justice PREA manual attached to this policy and in Sections VI through X.

**VI. AUDITING AND CORRECTIVE ACTION**

**A. Frequency and Scope of Audits** [115:401 (a) – (o)]

1. During the three-year period starting on August 20, 2013, and during each three-year period thereafter, each facility operated by the Agency, or by a private organization on behalf of the Agency, shall be audited at least once by the U.S. DOJ.
2. During each one-year period starting on August 20, 2013, at least one-third of each facility type operated by the Agency, or by a private organization on behalf of the Agency, shall be audited by the U.S. DOJ.
3. The U.S. DOJ may send a recommendation to an Agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the Agency with PREA-related issues.
4. The audit instrument issued by the U.S. DOJ will provide guidance on the conduct of and contents of the audit.

5. The burden of demonstrating compliance with the standards shall be on the Agency.
  6. The U.S. DOJ auditor is required to:
    - a. Review all relevant Agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type;
    - b. Review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period;
    - c. Access and observe all areas of the audited facilities;
    - d. Retain and preserve all documentation (including, *e.g.*, video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the U.S. DOJ upon request;
    - e. Interview a representative sample of youth, staff, supervisors, and administrators;
    - f. Review a sampling of any available videotapes and other electronically available data (*e.g.*, Watchtour) that may be relevant to the provisions being audited; and
    - g. Attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.
  7. The facility shall permit:
    - a. The auditor to request and receive copies of any relevant documents, including audio recordings and electronically stored information.
    - b. The auditor to conduct private interviews with youth.
    - c. Youth to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.
- B. Auditor Qualifications [115.402 (a) – (d)]
1. An audit shall be conducted by:
    - a. A member of a correctional monitoring body that is not part of, or under the authority of, the Agency (but may be part of, or authorized by, the relevant State or local government);
    - b. A member of an auditing entity such as an inspector general's or ombudsperson's office that is external to the Agency; or
    - c. Other outside individuals with relevant experience.
  2. All auditors shall be certified by the U.S. DOJ, which shall develop and issue procedures regarding the certification process, including training requirements.
  3. An auditor who has received financial compensation from the Agency being audited within the three (3) years prior to the Agency's retention of the auditor (except for compensation received for conducting prior PREA audits) is prohibited from conducting an audit.

4. The Agency shall not employ, contract with, or otherwise financially compensate the auditor for three (3) years subsequent to the Agency's retention of the auditor, with the exception of contracting for subsequent PREA audits.

C. Audit Contents and Findings [115.403 (a) – (f)]

1. Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the Agency under review.
2. Audit reports shall state whether Agency-wide policies and procedures comply with relevant PREA standards.
3. For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings:
  - a. Exceeds Standard (substantially exceeds requirement of standard);
  - b. Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); or
  - c. Does Not Meet Standard (requires corrective action).
4. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.
5. Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.
6. Auditors shall redact any personally identifiable youth or staff information from their reports, but shall provide such information to the Agency upon request, and may provide such information to the U.S. DOJ.
7. The Agency shall ensure that the auditor's final report is published on the Agency's website.

D. Audit Corrective Action Plan [115.404 (a) – (e)]

1. A finding of "Does Not Meet Standard" with one (1) or more standards shall trigger a 180-day corrective action period.
2. The auditor and the Agency shall jointly develop a corrective action plan to achieve compliance.
3. The auditor shall take necessary and appropriate steps to verify implementation of the corrective action plan, such as reviewing updated policies and procedures or re-inspecting portions of a facility.
4. After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.
5. If the Agency does not achieve compliance with each standard, it may (at its discretion and cost) request a subsequent audit once it believes that it has achieved compliance.

- E. Audit Appeals [115.405 (a) – (c)]
  - 1. An Agency may lodge an appeal with the U.S. DOJ regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor’s final determination.
  - 2. If the U.S. DOJ determines that the Agency has stated good cause for a re-evaluation, the Agency may commission a re-audit by an auditor mutually agreed upon by the U.S. DOJ and the Agency. The Agency shall bear the costs of this re-audit.
  - 3. The findings of the re-audit shall be considered final.

**VII. STATE COMPLIANCE:**

- A. State Determination and Certification of Full Compliance [115.501 (a) & (b)]
  - 1. In determining pursuant to 42 U.S.C. 15607(c)(2) whether the State is in full compliance with the PREA standards, the Governor shall consider the results of the most recent Agency audits.
  - 2. The Governor’s certification shall apply to all facilities in the State under the operational control of the State’s executive branch, including facilities operated by private entities on behalf of the State’s executive branch.

**VIII. EMPLOYEE SCREENING AND EVALUATION:**

- A. Hiring or promotional PREA Questions [115.317 (a)]
  - 1. All employees and staff hired or promoted shall complete, as part of their application, an online supplemental questionnaire that contains the six questions also found in Attachment C.2.11 (m).
- B. PREA Reference Check [115.317 (a)]
  - 1. OJJ applications will be qualified by State Civil Service and the Office of Juvenile Justice Office of Management and Finance (OMF). OMF will receive applications that meet the minimum qualifications for a position and acknowledge consent to a PREA Reference Check.
  - 2. OJJ’s Human Resources liaisons will be responsible for initial contact and if necessary, any follow-up with the appropriate agency personnel to demonstrate best efforts to have the PREA Reference Check form [see Attachment C.2.11 (k)] completed prior to making a conditional offer of employment.
- C. Annual Employee PREA Questionnaire [115.317 (f)]
  - 1. At each employees’ annual Performance Evaluation, the employee shall be required to answer each of the three questions on the PREA Questionnaire [see Attachment C.2.11 (j)]. The employee shall also be required to print their name, sign the form, date the questionnaire and return the form to the evaluator.
  - 2. The evaluator shall forward the original, signed and dated “PREA Questionnaire” based on their location:

- a. If the evaluator is in a secure facility, the "PREA Questionnaire" shall be sent to the facility Human Resources (HR) and placed in the employees' facility file.
- b. If the evaluator is in a regional office, the "PREA Questionnaire" shall be sent to the offices' Human Resources (HR) liaison.
- c. If the evaluator is in Central Office, the Supervisor of the employee shall maintain the "PREA Questionnaire" in the employees' file.

**IX. SECURE CARE AND CONTRACT FACILITIES RESPONSIBILITIES:**

Information provided in confidential communications to staff shall be shared consistent with, and in accordance to, the standards required by state statute, professional licensure, and ethical standards.

**X. DATA COLLECTION AND COMPILATION BY IS:**

- A. YS shall collect information related to the purposes outlined under Section IX of this policy; specifically to gather data that will help reduce the risk of injurious sexual conduct occurring within a YS secure care or contract facility.
- B. YS shall identify the specific data that must be collected to comply with the reporting requirements of the U.S. DOJ "Survey on Sexual Violence" and the "PREA Commission Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Juvenile Facilities".
- C. This data shall be compiled by the Director of IS into monthly and annual reports for submission to the Deputy Secretary. The purpose of these reports is to:
  1. Establish a baseline of data documenting the prevalence of incidents involving injurious sexual conduct, as gleaned from all available sources.
  2. Provide information to the PREA Steering Committee concerning where efforts are needed for the improvement of facility operations related to the reduction of injurious sexual conduct.
  3. Document that there is accountability for those who perpetrate injurious sexual conduct by tracking:
    - a. The outcome of all injurious sexual conduct cases that were referred to the District Attorney, including the disposition of each case;
    - b. The status of investigations conducted by IS concerning suspected incidents of injurious sexual conduct;
    - c. Referrals of injurious sexual conduct cases for prosecution, including the status and outcome of such efforts within the judicial system;
    - d. Documentation that victims of injurious sexual conduct received appropriate follow-up care as outlined in this policy;
    - e. Documented action by secure care or contract facilities Multidisciplinary Team (MDT) concerning the case management of youth designated as sexually aggressive or vulnerable; and
    - f. Information collected directly from the youth population as outlined in Section IX.C above.

**XI. DATA REVIEW BY PREA STEERING COMMITTEE:**

- A. The PREA Steering Committee shall convene as needed a conference of the members of the Operations Group to:
  - 1. Review the data that has been collected pursuant to this policy;
  - 2. Make recommendations regarding needed changes to this policy; and
  - 3. Make recommendations to the Deputy Secretary regarding any changes needed in secure care facility operations and/or the SOP for contract facilities.
- B. This does not preclude any member of the Operations Group from calling for a conference at any time to make recommendations regarding changes to this policy, operational changes at YS secure facilities or the SOPs for contract facilities.

**XII. MANDATORY TRAINING (STAFF DEVELOPMENT):**

- A. New employees shall receive pre-service/orientation training on PREA within 90 days of hire. The training can only be conducted by a certified PREA trainer.
- B. All employees shall receive annual in-service training on PREA. The training can only be conducted by a certified PREA trainer.
- C. Records of the training shall be tracked through TREC and/or Louisiana Employees Online (LEO).

**Previous Regulation/Policy Number:** C.2.11

**Previous Effective Date:** 01/27/2023

**Attachments/References:** C.2.11 (a) Youth Confirmation of Receipt November 2016  
C.2.11 (b) Staff Confirmation of Receipt July 2022  
C.2.11 (c) Contract Provider Volunteer Confirmation of Receipt July 2022  
C.2.11 (c-1) Contract Provider Confirmation of Receipt – No Contact July 2022  
C.2.11 (d) SART Team Protocol January 2023  
C.2.11 (e) PREA Coordinated Response to Sexual Abuse Incidents January 2023  
C.2.11 (f) Audio Recording Device Protocol July 2022.docx  
C.2.11 (g) Provision of Information to Facility PREA Notification Form June 2020.docx  
C.2.11 (h) PREA Sexual Abuse Critical Incident Review Sept 2018.docx  
C.2.11 (i) Intake & Quarterly Staffing Screening and Housing Assignment Form January 2023  
C.2.11 (j) PREA Questionnaire August 2019  
C.2.11 (k) PREA Reference Check January 2023  
C.2.11 (l) Outside Agency Staff Confirmation of Receipt July 2022  
C.2.11 (m) PREA Questionnaire for New Staff and Contractors January 2023  
C.2.11 References.January 2023  
C.2.11 OJJ PREA Manual January 2023



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Youth Confirmation of Receipt  
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received information as well as viewed a PowerPoint presentation on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ How to avoid risky situations related to sexual assault
- ❖ How to safely report rape or sexual activity
- ❖ How to obtain counseling services and/or medical assistance if victimized
- ❖ What the risks and potential consequences are for engaging in any type of sexual activity while in the facility

I further acknowledge that if I have any questions or need assistance I will seek guidance.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth JETS/Client ID No.

\_\_\_\_\_  
Location

C: Youth's Case Record



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Staff Confirmation of Receipt  
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received and understand information on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ The Prison Rape Elimination Act: Overview of the Law and Your Responsibilities
- ❖ The Right to be Free from Sexual Abuse, Sexual Harassment and Retaliation for Reporting
- ❖ Prevention and Detection of Sexual Abuse and Sexual Harassment
- ❖ Response and Reporting of Sexual Abuse and Sexual Harassment
- ❖ Professional Boundaries
- ❖ Effective and Professional Communication with Residents

I further acknowledge that if I have any questions or need assistance with guidelines regarding the elimination, reduction, prevention reporting procedures for PREA, I will seek guidance from my supervisor.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name (printed)

\_\_\_\_\_  
Training ID/Personnel Number

\_\_\_\_\_  
Location

C: Employee Personnel File



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Contract Provider / Volunteer Confirmation of Receipt  
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received and understand information on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ The Prison Rape Elimination Act: Overview of the Law and Your Responsibilities
- ❖ The Right to be Free from Sexual Abuse, Sexual Harassment and Retaliation for Reporting
- ❖ Prevention and Detection of Sexual Abuse and Sexual Harassment
- ❖ Response and Reporting of Sexual Abuse and Sexual Harassment
- ❖ Professional Boundaries
- ❖ Effective and Professional Communication with Residents

I further acknowledge that if I have any questions or need assistance with guidelines regarding the elimination, reduction, prevention reporting procedures for PREA I will seek guidance from the Facility Director or designee.

\_\_\_\_\_  
Contract Provider / Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Provider / Volunteer (printed)

\_\_\_\_\_  
Training ID/Personnel Number

\_\_\_\_\_  
Location

C: Contract Provider / Volunteer File



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Contract Provider Confirmation Receipt  
For Contractors without Direct Contact with Youth  
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received and understand information on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ The Prison Rape Elimination Act: Overview of the Law and Your Responsibilities

I further acknowledge that if I have any questions or need assistance with guidelines regarding the elimination, reduction, prevention reporting procedures for PREA, I will seek guidance from the Facility Director or designee.

\_\_\_\_\_  
Contract Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Provider (printed)

\_\_\_\_\_  
Training ID/Personnel Number

\_\_\_\_\_  
Location

C: Contract Provider File

## SART Protocol

1. Alleged sexual abuse is reported to Investigative Services (IS) if it occurs in a secure.
2. The lead staff on the facility SART is contacted by IS assigned to the facility.
3. The initial response by the SART lead staff member is to ensure that the immediate needs of the alleged victim is addressed by facility administration by making necessary movement of the alleged victim and alleged abuser, that the youth is seen by medical and mental health staff and any other needs are met as necessary.
4. The lead staff member of the SART contacts the other SART members to inform them of the incident and schedule the first SART meeting within 72 hours of the incident. An email verification of the contact and scheduled meeting will be sent to the SART members and copied to the Director of the facility.
5. The lead staff member of the SART will monitor the needs of the alleged victim and any other related issues to the incident until the scheduled SART meeting occurs. Once the SART is held, the investigator will give a copy of YS Policy A.1.4 attachment (e) to the caseworker for continued monitoring for the remainder of the 90 days. If needed, the SART can be assembled sooner than the scheduled meeting. Upon completion of the 90 days, the "Protection Against Retaliation Form for Sexual Abuse" shall be returned to the investigator by email.
6. If the investigator is able to conclusively establish that the incident is unfounded prior to the SART meeting, then the meeting can be cancelled by the SART lead staff member. The lead staff member can convene the SART on the incident if new circumstances arise regarding the incident.
7. When the SART meets the agenda shall be set by the lead staff member and cover at minimum the following topics:
  - a. Review and discuss the immediate and potential long term needs of the alleged victim regarding safety, medical and mental health services.
  - b. Review and discuss the facility response to the reported incident including but not limited to the first responder process.
  - c. Discuss the issues and plan for the alleged perpetrator such as relocation, treatment and possible charges or rule violations if the alleged perpetrator is a youth. If the alleged perpetrator is a staff-member, then discuss recommendations to administration for suspension or other appropriate responses to the allegations.
  - d. If other youth or staff are involved discuss potential issues and ensure plans are in place to monitor for retaliation.
  - e. Review and discuss known facts that may have an impact on operations and potential areas of improvement, to include training, policy and procedures.
  - f. The SART will continue to meet as needed, but no less than every other week (14 days), regarding the case until there is an investigative determination of substantiated, unsubstantiated or unfounded. At that time, a meeting will be held to review all issues and draft a report on the case. The report will be delivered to the Director of the facility, and the Social Services Supervisor prior to the scheduling of the Sexual Assault Incident Review Committee meeting.
  - g. At the close of each investigation, IS will notify the PREA Compliance Manager of the findings. A final meeting shall be held by the SART lead staff member. The PREA Compliance Manager will have 30 days from the close of the investigation to complete a summary of the investigation for the case file.
8. All SARTs at each facility shall meet at least quarterly to review PREA readiness and response as well as all PREA related sexual abuse and sexual harassment cases occurring during the past quarter. In addition, all areas of concern should be discussed during the quarterly meetings. Any recommendations, identified by

**C.2.11 (d)**

the SART shall be submitted in writing within 10 days of the meeting by IS to the Facility Director. The Facility Director will provide the report to the PREA Compliance Manager and Agency PREA Coordinator.

## OJJ PREA Coordinated Response to Sexual Abuse Incidents

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

### FIRST RESPONDER:

- |   |  |
|---|--|
| <input type="checkbox"/> Secure the scene   | <input type="checkbox"/> Request the perpetrator not do anything that would destroy potential evidence |
| <input type="checkbox"/> Separate the alleged victim and perpetrator<br>Date: _____ Time: _____   | <input type="checkbox"/> Notify the Shift Supervisor<br>Date: _____ Time: _____                        |
| <input type="checkbox"/> Request the victim not do anything that would destroy potential evidence | <input type="checkbox"/> Complete Unusual Occurrence Report (UOR)                                      |

First Responder: \_\_\_\_\_

Date: \_\_\_\_\_

### SHIFT SUPERVISOR:

- |  |   |
|--|---|
| <input type="checkbox"/> Notify the Facility Director<br>Date: _____ Time: _____   | <input type="checkbox"/> Ensure First Responder has initiated or completed the required UOR   |
| <input type="checkbox"/> Notify medical if the allegation involves rape or penetrative sexual abuse<br>Date: _____ Time: _____ | <input type="checkbox"/> Ensure that all witnesses have completed a UOR   |
| <input type="checkbox"/> Notify the PREA Compliance Manager at the facility<br>Date: _____ Time: _____                         | <input type="checkbox"/> Ensure the alleged victim and perpetrator or separated and that the alleged victim has been accommodated in housing to ensure their safety |
|  | <input type="checkbox"/> Ensure that the victim and perpetrator are transported to medical separately and there is no destruction of evidence.                      |

Shift Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

**FACILITY DIRECTOR:**

- Follow-up with medical and mental health staff to ensure appropriate treatment was rendered.
- Check with medical and mental health staff to verify that appropriate optional services were offered and provided, where accepted by the victim and/or perpetrator
- Notify Deputy Secretary and Assistant Secretary  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Notify SART & hold meeting within 72 hours (or designee) \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Facility Director: \_\_\_\_\_

- Notify the Youth Facilities Director - Statewide  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Notify Chief of Operations  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Notify Agency PREA Coordinator  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Notify Director of Investigative Services  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_

**PREA COMPLIANCE MANAGER:**

- Ensure protocol/checklist is completed.
- Ensure alleged victim is in suitable housing/least restrictive option available
- Ensure Investigation Services has been notified
- Ensure proper medical exam, including forensic exam has been performed, where necessary

PREA Compliance Manager: \_\_\_\_\_

- Convene SART TEAM within 72 hours of reported incident unless IS has deemed it unfounded. (PREA does not recognize holidays and weekends.)
- Follow-up review SART meeting will be held every two weeks as per YS Policy C.2.11.
- Convene a Sexual Abuse Incident Review within 30 days following the outcome received from the investigator.
- Ensure Investigation Services has been notified  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL:**

- Assess the alleged victim, determine necessary medical services.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Ensure transport to the hospital, if necessary

**Medical Staff:** \_\_\_\_\_

- Collect youth's signature when forensic exam is refused

- Ensure daily visits with the alleged victim, if victim remains at the facility

- Ensure SANE or SAFE is available to collect forensic evidence

**Date:** \_\_\_\_\_

**MENTAL HEALTH:**

- Render appropriate victim services
- Refer victim and perpetrator to optional services
- Obtain signature(s) for refusal of services for victim and perpetrator

**Mental Health Staff:** \_\_\_\_\_

- Accompany victim during the medical and investigative processes until victim advocate arrives

- Refer victim to a Rape Crisis Center and /or victim advocate, if accepted

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Date:** \_\_\_\_\_

**INVESTIGATOR:**

- Accept the report and initiate the investigation
- Conduct the investigation
- Confer with medical on the need for a forensic medical exam
- Participate in the Sexual Abuse Incident Review
- Complete the required investigation and provide the report to the required parties

- In the absence of a PREA Compliance Manager, the lead SART Staff Member will hold the SART Meeting every 14 days with the CO PREA Coordinator and other members present.

- Notify local law enforcement as appropriate and in accordance with local procedures

Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Notify PREA Compliance Manager of the case closure and final result via email (founded, unsubstantiated, substantiated)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

## Issue & Use of Audio Recording Devices

PREA Field Investigators who have been trained by Investigative Services and designated to investigate and follow-up on PREA allegations occurring in non-secure contract facilities will be issued a hand-held audio recording device for the purpose of recording confidential interviews of staff, youth and witnesses of the alleged incident to aid in preparing a report of findings at the conclusion of the investigation. The following must be adhered to by the PREA Field Investigator once an audio recording device has been issued.

### **Issue**

- 1) Audio recording device must be secured at all times by maintaining the audio device in a locked office and/or file cabinet, when not in use.
- 2) Device must be made available for asset management and accountability in accordance with YS A.3.1.
- 3) Follow the guidelines provided for maintaining recordings (uploading and deleting recordings).
- 4) All recordings are the property of the Office of Juvenile Justice (OJJ), and staff shall have no expectation of privacy or ownership interest in the content of the recordings.
- 5) Recordings must be retained as long as the alleged abuser is confined or employed by the agency, plus five years. If the alleged perpetrator is a juvenile, the recording shall be retained in accordance with YS policy A.1.9.

### **Use**

- 1) Prior to conducting a PREA investigation and/or follow-up, the PREA Field Investigator must make sure they are equipped with the device, and the device is in good working order.
- 2) Audio device must be in a conspicuous location, and the assigned Investigator must record their name, date, time, and location of the interview.
- 3) Use of the device must be restricted to the purpose intended and used only in the performance of official duties (alleged victim, alleged perpetrator, and witness statements).
- 4) Document the existence of the recording in the appropriate report, including any malfunction of the device.
- 5) Once device is activated for use, it should not be turned off (deactivated) until the interview has been concluded.

- 6) Public safety personnel (police, paramedics, firefighters, and other law enforcement personnel) must not be recorded without first obtaining their consent and/or notifying them that a recording device is in use.
- 7) Once a copy of the recordings have been uploaded with all documentation to the PREA Database. The recording will be removed from the recording device.

Use current letterhead

**OJJ PREA Field Investigations  
Provision of Information to Facility/PREA Notification**

Facility: \_\_\_\_\_

Date: \_\_\_\_\_ OJJ Case # \_\_\_\_\_

Youth(s) Name: \_\_\_\_\_

Client ID/JETS#: \_\_\_\_\_

Name of Local Law Enforcement Involved: \_\_\_\_\_

OJJ PREA Field Investigator: \_\_\_\_\_

In accordance with the US DOJ PREA Standard 115.373, the facility is being informed of the outcome of the investigation to ensure the youth victim noted above is informed of the investigation's outcome:

Findings:

The outcome of the investigation, if the investigation was not completed/concluded by local law enforcement.

- Substantiated
- Unsubstantiated
- Unfounded

Conclusion:

OJJ PREA Coordinator: \_\_\_\_\_

<b>Sexual Abuse Critical Incident Review</b>		
Name of Juvenile		
IS Case Number		
Facility		
Date of Incident		
Date Investigation Concluded		
Date of Incident Review		
<b>Section A</b>		
Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, what changes were made? _____		
Was the incident or allegation motivated by: <input type="checkbox"/> None Noted		
<input type="checkbox"/> race	<input type="checkbox"/> lesbian	<input type="checkbox"/> status
<input type="checkbox"/> ethnicity	<input type="checkbox"/> bisexual	<input type="checkbox"/> perceived status
<input type="checkbox"/> gender identity	<input type="checkbox"/> transgender	<input type="checkbox"/> gang affiliation
<input type="checkbox"/> gay	<input type="checkbox"/> intersex identification	<input type="checkbox"/> or otherwise caused by other group dynamics at the facility Explain:
Were there physical barriers in the area that enabled the abuse to occur? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, what changes need to be made? _____ _____		
Was the level of staffing adequate in the area during the shift on which the incident occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, what changes are being made to address the inadequacy? _____ _____		
Is monitoring technology adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, what should be deployed or augmented to supplement supervision by staff? _____ _____		

# Sexual Abuse Critical Incident Review

## Section B

### Signature of Participants:

\_\_\_\_\_  
Staff Signature/Title

\_\_\_\_\_  
Date

### Signature of Staff Completing Report

\_\_\_\_\_  
Date

### Title

## Section C

Did the facility implement the recommendations for improvement?  Yes  No. If no, document the reasons for not doing so.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Facility Director's (or Designee) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PREA Compliance Manager

\_\_\_\_\_  
Date



**Office of Juvenile Justice**

*Intake & Quarterly Staffing Screening and Housing Assessment*

Date of Arrival: \_\_\_\_\_ Date of Initial Screening: \_\_\_\_\_

JETS # \_\_\_\_\_ Date of Reassessment \_\_\_\_\_

Receiving Facility:  ACY  ACY-SM  BCCY  BCCY-WF  
 SCY-C  SCY-M

Screening Staff Signature \_\_\_\_\_

**Personal Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Birth/Assigned Sex: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Gender Expression: \_\_\_\_\_

**Legal Information**

Previous Placement(s): \_\_\_\_\_ Full term date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court of Jurisdiction \_\_\_\_\_ Regional Office: \_\_\_\_\_

Adjudicated Offense(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History**

Have you ever been a victim of a sexual assault? **Y / N** If so, when: \_\_\_\_\_

Where: \_\_\_\_\_

## Sexual Vulnerability/Aggressiveness Assessment

1. Indicate this youth's physical stature: (From Intake Observation)

ANSWER	VALUE	
__ SMALL	4	(5'4" or Under and/or 130lbs or less)
__ MEDIUM	2	(5"5-5'8 and/or 131lbs-150lbs)
__ LARGE	4	(5'9" + and/or 151lbs and above)
__ MUSCULAR BUILD	1	

[Add additional point for muscular build. –Example: medium build is 2 plus 1 for muscular build total 3]

SCORE\_\_

2. Current age:

ANSWER	VALUE	
__ 17 & older	2	
__ 14-16	1	
__ 12 or 13	4	

SCORE\_\_

3. Disabilities (Check all that apply)

- Mental
- Physical (If checked, circle one of the following: temporary or permanent)
- Developmental
- Level of Cognitive Development
- Other: \_\_\_\_\_ (not previously listed)

ANSWER	VALUE	
__ Yes	2	
__ No	0	

SCORE\_\_

4. Number of adjudications for crimes against persons:

ANSWER	VALUE	
__ 0	0	
__ 1	1	
__ 2 or more	2	

SCORE\_\_

5. Does this youth express a concern for sexual abuse/harassment? (Ask Youth During Intake Interview)

- sexual abuse
- sexual harassment
- Both

ANSWER	VALUE	
__ Yes	4	
__ No	0	

SCORE\_\_

6. Has this youth ever exhibited sexually aggressive behavior? (From Intake Interview and File Review)

ANSWER	VALUE	
__Yes	4	
__No	0	SCORE__

7. Does youth identify as LGBTI ? (From Intake Observation & File Review)

ANSWER	VALUE	
__Yes	2	
__No	0	SCORE__

8. Are there risk factors, which may increase the youth's potential for sexual victimization ? [(Ask Youth During Intake & File Review) Check all that apply. 2 points for each yes]

- prior victimization
- LGBTI identification
- prior sex offense
- possess any non-conforming appearance or behavior
- language barrier
- Other: \_\_\_\_\_

ANSWER	VALUE	
__Yes	2	
__No	0	SCORE__

9. Does the youth possess any non-conforming appearance or behavior?

ANSWER	VALUE	
__Yes	2	
__No	0	SCORE__

**Overall Score for Sexual Vulnerability and/or Abusiveness:**

Check the appropriate level below:

\_\_0-8 PREA LOW (PL)

\_\_8-18 PREA MEDIUM (PM)

\_\_18+ PREA High (PH)

**TOTAL SCORE** \_\_\_/35

Override recommended: Yes / No

Reason: \_\_\_\_\_

Signature of Approver: \_\_\_\_\_

Date: \_\_\_\_\_

## PREA Questionnaire

Please answer the following questions in accordance with the Prison Rape Elimination Act, Part 115 of Title 28 of the Code of Federal Regulations:

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

Yes       No

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

Yes       No

3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in Question 2 above?

Yes       No

NOTE: Each employee has a personal responsibility for disclosing to the Unit Head within 72 hours, any such conduct of which you are accused or charged and/or convicted. Such disclosure is not an admission of guilt. Omissions regarding such conduct or providing false information about such conduct shall be grounds for disciplinary action up to and including dismissal.

I certify that I have read, understand and truthfully answered the above questions. I also understand my responsibility to notify the Unit Head of any such accusations, charges or convictions levied against me for such conduct.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (month/day/year)

# Office of Juvenile Justice



## PREA Reference Check

This form must be completed on every applicant who has a previous work history in a penal facility, transitional work program (work release center), juvenile detention center, pretrial detention center, long term medical center, nursing home or mental institution.

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Re: Applicant's Name: (Print) \_\_\_\_\_

The Prison Rape Elimination Act (Part 115.17 of Title 28 of the Code of Federal Regulations) requires that the questions contained within this form be asked and, unless prohibited by law, answered by certain previous employers as defined above.

Please answer the questions below about the above named current/former employee and return it as soon as possible to the fax number indicated below.

- Was the employee found to have engaged in any form of sexual abuse or sexual harassment while employed?  
 Yes  No (If yes, please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Did the employee have any substantiated allegations of sexual abuse, sexual harassment or resigned during a pending investigation of an allegation of sexual abuse?  Yes  No (If yes, please explain)  
 \_\_\_\_\_  
 \_\_\_\_\_
- Did the employee have any sexual harassment or sexual allegations filed against him/her during their employment at your facility?  Yes  No (If yes, please explain)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Person completing the reference check:**

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_

Please fax the completed form to:

Attention: \_\_\_\_\_

Fax No: \_\_\_\_\_

To be completed by the Human Resources Office:

**SECTION 2: IF "YES" IN SECTION 1 – SUBSTANTIATED ALLEGATION DETAILS**

Date sent to Employer: \_\_\_\_\_  Date returned to HR: \_\_\_\_\_  Not returned

Identify all substantiated allegations of sexual abuse or harassment against the Applicant while in your employment. For each substantiated allegation identified, provide the date of incident, nature of allegation, the findings of any investigation and disciplinary action taken.

DATE OF INCIDENT	ABUSE OR HARASSMENT?	NATURE OF ALLEGATION	INVESTIGATION FINDINGS	DISCIPLINARY ACTION TAKEN

**SECTION 3: MUST COMPLETE**

**IMPORTANT – PLEASE NOTE:** The information contained in this communication is confidential. It is intended for the use of the individual or entity to whom it is addressed and others authorized to receive it. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any in reliance on the contents of this information is strictly prohibited. If you received this communication in error, please immediately notify us and return original message and documents to us at the above address via the United States Post Office.

**PERSON COMPLETING THIS REPORT MUST COMPLETE BELOW.**

Name: (please print) \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office of Juvenile Justice  
Authorization to Contact Previous Employers**

I hereby authorize the Human Resources Office of Public Safety and Corrections, Office of Juvenile Justice, to contact my current and prior employers, whether listed on my employment application or not, to ascertain information required by the Prison Rape Elimination Act, Part 115 of Title 28 of the Code of Federal Regulations. I understand that prior to any offer of employment by the Department of Public Safety and Corrections, Office of Juvenile Justice, that such information must be obtained.

I also understand that if I do not authorize contact, I will not be eligible for employment with the Department of Public Safety and Corrections, Office of Juvenile Justice.

Should I be appointed from this announcement, I also understand that this authorization will remain valid for the duration of my employment with the Department of Safety and Corrections, Office of Juvenile Justice.

- Yes, I understand. You may contact my employers, past and present.
- No. Do not contact my employers, past or present.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



---

Outside Agency Staff Confirmation of Receipt  
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received and understand information on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ The Prison Rape Elimination Act: Overview of the Law and Your Responsibilities
- ❖ The Right to be Free from Sexual Abuse, Sexual Harassment and Retaliation for Reporting
- ❖ Prevention and Detection of Sexual Abuse and Sexual Harassment
- ❖ Response and Reporting of Sexual Abuse and Sexual Harassment
- ❖ Professional Boundaries
- ❖ Effective and Professional Communication with Residents

I further acknowledge that if I have any questions or need assistance with guidelines regarding the elimination, reduction, prevention reporting procedures for PREA, I will seek guidance from my supervisor.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name (printed)

\_\_\_\_\_  
Training ID/Personnel Number

\_\_\_\_\_  
Location

C: Employee Personnel File

# Office of Juvenile Justice



## PREA Questionnaire for New Staff and Contractors

Agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:

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)?

- Yes  
 No

If yes, please explain \_\_\_\_\_

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?

- Yes  
 No

If yes, please explain \_\_\_\_\_

3. Has been civilly or administratively adjudicated to have engaged in the activity described in question 2?

- Yes  
 No

If yes, please explain \_\_\_\_\_

4. Agency Policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Have you been involved in any incident of sexual harassment?

- Yes
- No

If yes, please explain \_\_\_\_\_

5. Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conduct criminal background checks, and (b) consistent with federal, state, and local law, make 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. Are you currently or have you in the past been involved in any allegations of sexual abuse?

- Yes
- No

If yes, please explain \_\_\_\_\_

6. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Have you omitted information regarding sexual misconduct other provision of materially false information?

- Yes
- No

If yes, please explain \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **PRISON RAPE ELIMINATION ACT (PREA)**

### **“Prison Rape Elimination Act” of 2003, Public Law 108-79**

### **42 U.S.C. 14043g(b)(2)(C); 42 U.S.C. 15607(c)(2); 42 U.S.C. 1997**

#### **U.S. DOJ PREA Standards:**

115.311 (a) - (c); 115.312 (a); 115.313 (a) - (e); 115.315 (a) - (e); 115.316 (a), (c); 115.317 (a) - (h); 115.318 (a), (b); 115.321 (a) - (e), (g); 115.322 (a) - (c); 115.331 (a) - (d); 115.332 (a) - (c); 115.333 (a) - (f); 115.334 (a), (b); 115.335 (a) - (d); 115.341 (a) - (e); 115.342 (a) - (i); 115.351 (a) - (e); 115.352 (b) - (f); 115.353 (a) - (d); 115.354; 115.361 (a), (b), (e), (f); 115.362; 115.363 (a) - (d); 115.364 (a), (b); 115.365; 115.366; 115.367 (a) - (f); 115.368; 115.371 (a) - (k), (m); 115.372; 115.373 (a) - (f); 115.376 (a) - (d); 115.377 (a), (b); 115.378 (a) - (g); 115.381 (a) - (d); 115.382 (a) - (d); 115.383 (a) - (h); 115.386 (a) - (f); 115.387 (a) - (f); 115.388 (a) - (d); 115.389 (a) - (d); 115.401 (a) - (o); 115.402 (a) - (d); 115.403 (a) - (f); 115.404 (a) - (e); 115.405 (a) - (c); 115.501 (a), (b);

#### **ACA Standards - Performance-Based Standards for Juvenile Correctional Facilities (Fourth Edition)**

4-JCF-3D-01, 4-JCF-3D-02, 4-JCF-3D-03, 4-JCF-3D-04, 4-JCF-3D-05, 4-JCF-3D-06, 4-JCF-3D-07, 4-JCF-3D-08, 4-JCF-3D-09

#### **ACA Standards – Standards for Juvenile Probation and Aftercare Services**

2-7133-1

#### **YS Policy Nos.**

- A.1.4 "Investigative Services"
- A.2.1 "Employee Manual"
- A.2.8 "Sexual Harassment"
- A.2.14 "Secure Care Facility Staffing"
- A.2.18 "Criminal Record Check"
- A.2.24 "Staff Development and Training Plan"
- A.2.45 "Performance Evaluation System (PES) and Market Rate Adjustments"
- A.2.57 "Prohibited Harassment and Discrimination"
- A.4.2 "Standard Operating Procedures for Contract Providers"
- A.4.3 "Standard Operating Procedures for Female Intensive Residential Treatment Providers"
- B.2.1 "Assignment, Reassignment, and Release of Youth"
- B.2.2 "Youth Classification System and Treatment Procedures"
- B.2.3 "Secure Care Intake"
- B.2.8 "Transitional Treatment Unit (TTU)"
- B.2.14 "Secure Care SAVRY"
- B.2.16 "Assessment and Treatment of Youth Who Demonstrate Sexual Behavior Problems"
- B.2.20 "Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Non-Conforming Youth"
- B.2.21 "Behavioral Intervention (BI) and Extended BI"
- B.3.1 "Secure Care Youth Records: Composition and Maintenance"
- B.5.1 "Youth Code of Conduct – Secure Care"
- B.5.3 "Administrative Remedy Procedure"
- B.8.3 "Volunteer Services Program"
- B.8.12 "Secure Care Youth Orientation"
- B.8.17 "Polygraph Testing of Youth"
- C.1.3 "Crimes Committed on the Grounds of YS Facilities/Office Buildings and/or Properties"

- C.1.6 "Establishment and Review of Secure Care Facility Standard Operating Procedures (SOPs)"
- C.2.3 "Searches of Youth"
- C.2.6 "Use of Interventions – Secure Care"
- C.2.19 "Youth Counts, Movements and Facility Rounds"
- C.2.26 "Shower Procedures"
- C.4.3 "Mandatory Reporting of Abuse and Neglect of Youth"
- C.4.6 "Securing Physical Evidence/Crime Scene"
- C.5.2 "Regional Office Duty Officers and Facility Administrative Duty Officers (ADOs) Reporting of Serious Incidents"
- D.10.32 "SAVRY – Community Based Services"