

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report June 23, 2019

Auditor Information

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Mailing Address: P. O. Box 370003	City, State, Zip: Decatur, GA 30037
Telephone: 678-895-2829	Date of Facility Visit: May 13-14, 2019

Agency Information

Name of Agency Rutherford House	Governing Authority or Parent Agency (If Applicable)		
Physical Address: 1707 Line Avenue	City, State, Zip: Shreveport, LA 71101		
Mailing Address: Same as Above	City, State, Zip:		
Telephone: 318-222-0222	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Accredited by the American Correctional Association during the time of the PREA audit.)</small>		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Our goal is to provide the best care and treatment for the youth placed into our programs. For this to be accomplished, our staff must be truly committed to excellence and to the belief that positive change is possible. Placement is open to youth regardless of political beliefs, race, color, religion, national origin, sexual orientation, gender, handicap/disability or any other non-merit factor whose needs cannot be met through traditional community resources. Facilities are "open" and residents are never locked into a facility.

Agency Website with PREA Information: www.therutherfordhouse.org

Agency Chief Executive Officer

Name: Ira W. Tieuel	Title: Executive Director
Email: therutherfordhouse@gmail.com	Telephone: 318-222-0222

Agency-Wide PREA Coordinator

Name: LaFonda Iverson	Title: PREA Coordinator/Manager
Email: lafonda.iverson@gmail.com	Telephone: 318-230-4175
PREA Coordinator Reports to: Executive Director	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Rutherford House			
Physical Address: 1707 Line Avenue, Shreveport, LA 71101			
Mailing Address (if different than above):			
Telephone Number: 318-222-0222			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other

Facility Mission: Our goal is to provide the best care and treatment for the youth placed into our programs. For this to be accomplished, our staff must be truly committed to excellence and to the belief that positive change is possible. Placement is open to youth regardless of political beliefs, race, color, religion, national origin, sexual orientation, gender, handicap/disability or any other non-merit factor whose needs cannot be met through traditional community resource Facilities are "open" and residents are never locked into a facility.

Facility Website with PREA Information: www.therutherfordhouse.org

Is this facility accredited by any other organization? Yes No
(The facility was accredited by the American Correctional Association during May 2019 at the time of the Onsite Phase of the audit.)

Facility Administrator/Superintendent

Name: Ira W. Tieul	Title: Executive Director
Email: therutherfordhouse@gmail.com	Telephone: 318-222-0222

Facility PREA Compliance Manager

Name: NA	Title:
Email:	Telephone:

Facility Health Service Administrator

Name: Gail Burt	Title: Licensed Practical Nurse
Email: therutherfordhouse.com	Telephone: 318-222-0222

Facility Characteristics

Designated Facility Capacity: 38	Current Population of Facility: 34
Number of residents admitted to facility during the past 12 months	99
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	92
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	92
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	12-18
Average length of stay or time under supervision:	6-9 Months
Facility Security Level:	Staff Secure
Resident Custody Levels:	Low, Moderate, High
Number of staff currently employed by the facility who may have contact with residents:	80
Number of staff hired by the facility during the past 12 months who may have contact with residents:	11
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	10

Physical Plant

Number of Buildings: 7	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	4
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The main camera monitoring system is located in the office of the Executive Director. Cameras have been strategically placed in the school area, cafeteria area and common area of the main building. There is an eight camera system in each group home. Additionally, the cell phones of upper level supervisors have live stream capability for each group home. The monitoring system has the capability to store data for up to 30 days. Cameras are strategically located inside and outside of the buildings. No cameras are placed in restrooms.

Medical

Type of Medical Facility:	Onsite Small Medical Clinic
Forensic sexual assault medical exams are conducted at:	Oschner-Louisiana State University (LSU) Health

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: 10

Number of investigators the agency currently employs to investigate allegations of sexual abuse: 0

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Rutherford House is located in Shreveport, Louisiana and operates four group homes which are licensed child placement programs which serves male juvenile offenders. The onsite audit phase of the Prison Rape Elimination Act (PREA) audit was conducted on May13-14, 2019 by Shirley Turner, certified U. S. Department of Justice PREA Auditor. The facility's initial PREA audit was completed with a written report dated June 26, 2016. The current audit was attained and assigned to the Auditor by Correctional Management and Communications Group, LLC (CMCG) located in Minneola, Florida.

The Rutherford House residential facilities serve as an alternative to traditional and sometimes distant correctional institutions. It is a private non-profit agency that contracts with the State of Louisiana, Office of Juvenile Justice. The facility is comprised of a cluster of group homes with a total capacity of 38 and house male juvenile offenders between the ages of 12 and 18. The facility houses residents with the custody levels of low, moderate and high and is staff-secure.

During the time of the PREA audit, the facility was accredited by the American Correctional Association. The facility is a participant in the implementation of Performance-based Standards (PbS), a data driven continuous improvement model for facility operations programs and services. There are no known existing conflicts of interest regarding the performance of this audit and there were no barriers in completing any phase of the audit.

During the first day of the audit, the Juvenile Justice Program Specialist from the Office of Juvenile Justice was present at the facility and explained his role as a monitor of the Rutherford House program. He visits the facility monthly, provides the PREA refresher training to the staff and serves as an administrative investigator.

Pre-Onsite Audit Phase

Key Processes and Methodology

An initial call was initiated by the Auditor with the PREA Coordinator for introductions and to discuss and review the PREA audit process and methodology. There were follow-up conversations with the PREA Coordinator and the Auditor concerning the site review; access to the various staff members, logistics for the onsite phase of the audit, and goals and expectations. In addition to the PREA Coordinator, conversations included the Executive Director and the personnel manager. The aforementioned staff members were receptive to the audit process and knowledgeable of the role of the Auditor and the expectations during each stage of the PREA audit having participated in the previous PREA audit.

The audit notice, PREA Information Letter and Checklist of Policies/Procedures and other Documents were sent to the PREA Coordinator by the Auditor. The audit notice was posted at least six weeks prior to the onsite audit. The pictures of the posted notices were taken with the locations identified and emailed to the Auditor. The audit notice was posted on brightly colored paper using print that was easy to see and read. They were strategically placed throughout the facility, accessible to residents, staff, visitors, and contractors.

The notices were posted at varying eye levels in the main building and group homes. The posted audit notices contained the Auditor's contact information and information regarding confidentiality. No correspondence was received during any phase of the audit and the facility had a process in place to ensure confidential communication. Further verification of the postings was made through observations during the site review.

The completed PREA Pre-Audit Questionnaire, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. This information was received by the Auditor well over a month before the site visit. An initial assessment was conducted of the information and the Auditor provided a written initial review or issue log to the PREA Coordinator, requesting additional information. Prior to sending the written review, a telephone conference was held with the PREA Coordinator and Executive Director to review the document and clarify, where indicated, the data received and the data requested to be sent prior to the site visit and data to be made available during the site visit.

The documentation on the flash drive was well organized by each standard, including the identified provisions of each sub-section of the standard. Additional information requested during the site visit was provided or explained by the PREA Coordinator and other staff. The Auditor provided a document to the PREA Coordinator titled, "Information Requested to Determine Staff and Residents to be Interviewed During the On-Site PREA Audit." The document which was completed and returned to the Auditor, requested the identification of staff members who served and performed in specific PREA related specialized roles within the facility, including volunteers and contractors who have contact with residents.

The interview document requested a list of direct care staff and their shift assignments and a current resident population roster which could be provided onsite. Additionally, the request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender residents; and residents housed in isolation. The information regarding the residents was made available to the Auditor upon arrival to the facility. Staff and residents were randomly selected from the identified categories of staff and residents, including target interviewees, required to be interviewed and identified through a schedule developed by the Auditor.

The Auditor communicated with the PREA Coordinator and the personnel manager to confirm schedules and to clarify specialized PREA roles. A current resident roster was provided onsite to the Auditor. As a result of the information received, the Auditor developed an interview schedule of specialized and random staff and residents, including targeted resident interviews. The Auditor solicited and received input from the PREA Coordinator and personnel manager regarding conflicts in staff coverage and availability. The daily agenda or plans for each day of

the PREA audit were reviewed by the Auditor ensuring the PREA Coordinator that the Auditor would be as non-intrusive and flexible as can be where these actions did not interfere with the completion of a thorough audit.

The facility provided lists or documents before and during the site visit that assisted with the following determinations and interview selections:

Lists/Information	Comments
Complete Resident Roster	Daily Group Home Counts (rosters). Also, an up-to-date roster was provided upon the Auditor's arrival to the facility.
Youthful inmates/detainees	Youthful inmates/detainees are not housed in this facility.
Residents with disabilities	Identified Onsite
Residents who are Limited English Proficient	None Identified.
LGBTI Residents	Identified Onsite
Residents in segregated housing	There is no segregated housing.
Residents in Isolation	Isolation Not Used
Residents who reported sexual abuse	None were identified.
Residents who reported sexual victimization during risk screening.	None Identified
Staff roster for the time of the site visit.	Roster provided during the pre-onsite phase of the audit.
Specialized Staff	Specialized staff was identified on interview document sent to the facility during pre-onsite phase of the audit.
Contractors who have contact with the residents.	Contractors were identified on interview document sent to the facility during pre-onsite phase of the audit.
Volunteers who have contact with the residents.	There were no volunteers identified on interview document sent to the facility during pre-onsite phase of the audit.
All grievances/allegations made in the 12 months preceding the audit	Provided for the 12 months preceding the audit.
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	Provided for the 12 months preceding the audit.
Hotline calls made during the 12 months preceding the audit	NA. There were no hotline calls made during the 12 months preceding the audit.
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	Provided for allegations of sexual harassment in the 12 months preceding the audit.

The Auditor reviewed the lists/documents provided and conferred with the PREA Coordinator and/or the Assistant Director-Intake for clarity as needed. As a result of the information

received, the Auditor developed an interview schedule consisting of specialized and random staff.

General and specific information about the facility and the programs and services provided are detailed on the facility's website. An array of information, including contact information is available on the website and may be accessed by the general public. The agency's website also contains PREA information. The notice posted in the facility announcing the 2019 PREA audit was also posted on the facility's web site. Once you open up the webpage, the notice jumps out at you. The PREA audit report for the initial audit conducted in 2016 is located on the State of Louisiana-Office of Juvenile Justice's website, grouped with the other contract facilities.

Onsite Audit Phase

Key Processes and Methodology

Upon entering the facility, the Auditor was greeted by the facility staff including the PREA Coordinator and Executive Director. An entrance conference was conducted and in addition to the Executive Director and PREA Coordinator, it included the Assistant Director-Intake. Formal introductions were made and comments were made by the Executive Director. The Auditor provided a review of the audit process and the audit agenda and additional background information was provided by the staff present.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted by the Executive Director. The site review included all areas of the facility which included the main building, Vocational Center and the four group homes. The staff was observed providing direct supervision and services to the residents in the school area in the main building and the staff in the Vocational Center were transitioning from the class period to lunch for the residents.

The Auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was somewhat familiar with the layout of the buildings which was helpful during the comprehensive site review. The site review was extensive and included all program areas and sites. During the comprehensive site review, the printed notifications of the PREA site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, throughout the buildings visible to residents, staff and visitors. The notices contained large enough print to make them noticeable and easy to see and read. Resident files were observed to be maintained in a secure manner in file cabinets with locks, in an office that locks. The resident population on the first day of the onsite audit was 34.

Posted signs regarding PREA material contain contact information of the assisting agencies for reporting allegations and seeking help. The posted information includes instructions on accessing assistance and each group home has a dedicated phone which is easily accessible for residents to use 24/7 to request advocacy services or report allegations of sexual abuse or sexual harassment. A Memorandum of Understanding (MOU) exists with Project Celebration, Incorporated to provide advocacy services as a result of sexual abuse. The services to be provided were confirmed by a representative of the agency. The hotline phone services were checked by the Auditor in one of the group homes during the site review. The phone was

answered very quickly by a knowledgeable operator who was assured at the outset that the call was only a test.

A telephone interview with the emergency room supervisor confirmed forensic medical examinations will be performed at Oschner-Louisiana State University Health located in Shreveport. According to the emergency room supervisor, forensic medical services will be provided by a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE). The protocol is appropriate for youth and services are available 24 hours a day, as needed. It was generally stated by residents interviewed that the female staff members announce their presence by saying their name or giving a greeting upon entering the group home.

Staff answered questions regarding resident activities and staff duties as the site review progressed through the facility. Areas of the facility that were reviewed included all group homes; classrooms; training/work spaces; lobby/common area of main building; gymnasium; offices; conference room; storage areas; meeting room; and outside grounds. During the comprehensive site review, the intake process, daily scheduled activities and staff supervision were discussed by the Executive Director and Unit Managers. Informal staff interviews were conducted during the site review as different facility areas were visited.

The comprehensive site review allowed for many observations about the daily activities, program services and operations. Visibility is enhanced with the strategic use of cameras. There are no cameras in bathrooms and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. Grievance forms and a locked grievance box is located in the main building, accessible to residents. All residents have access to writing utensils needed for completing the form. Signage was posted which indicated where residents were not allowed. The doors to closets and storage areas are kept closed and locked.

Interviews

Eighty staff members are currently employed at the facility that may have contact with residents. A total of 34 residents were in the facility on the first day of the site visit. Ten residents were interviewed after randomly selecting the names from the facility population reports and previous and site visit inquiry regarding targeted interviews. Residents were randomly selected for interviews from the resident roster, considering each group home and information regarding the make-up of the population. Four targeted interviews were conducted as a result of requested lists/documents and conferring with the Assistant Director-Intake.

Twelve random staff members were interviewed covering all shifts and 12 individual specialized staff members were interviewed based on their job duties and PREA roles, including four contractors. The PREA Coordinator and Executive Director (Superintendent) were interviewed however their interviews in those roles are not counted as specialized staff. However, their interviews as a member of the incident review team and retaliation monitor, respectively, were counted as specialized interviews. Although 12 individuals were identified for specialized interviews, the specialized interviews conducted totaled 15 due to staff members in this category serving in more than one PREA related specialized role.

The contractors interviewed provide clinical, vocational and barbering services. The interviews with residents, staff, and contractors indicated their receipt of PREA training which was also verified by a review of documentation, including training materials. Random and specialized Staff and resident formal interviews were conducted onsite and were done in the privacy of the conference room in the main building. The PREA Coordinator ensured that staff and residents were readily available and easily accessible for interviews.

The Auditor conducted 10 resident interviews in the following categories during the onsite phase of the audit:

Category of Residents	Number of Interviews
Random Residents	6
Residents with a Cognitive Disability	3
Intersex, Gay, Bisexual and Transgender	1

The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews
Medical Staff	3
Mental Health Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (Unannounced Rounds)	1
Contractors who have Contact with Residents	3
Investigative Staff	2
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Intake Staff	1
Number of Specialized Staff Interviews	15
Number of Random Staff Interviews	12
Total Random and Specialized Interviews	27
Total Interviews plus PREA Coordinator and Superintendent	29

Two community support and stakeholder interviews were conducted by phone; one during the On-Site Audit Phase and one during the Post Audit Phase. The interview with the emergency room supervisor, Oschner-Louisiana State University Health, was conducted by telephone during the site visit to verify the availability of SANE or SAFE services for residents at the facility, if needed. The second interview was conducted during the Post Audit Phase by telephone with the Advocate from Project Celebration, Incorporated to verify the accessibility of victim advocacy services to the residents, if needed.

Onsite Documentation Review

The Auditor received many pieces of documentation for each standard from various sources as part of the Pre-Onsite Audit Phase. During the Pre-Onsite Audit Phase and the Onsite Audit

Phase the Auditor reviewed a sample of personnel files of the staff selected to be interviewed, including documentation of criminal background checks occurring. The PREA Pre-Audit Questionnaire and facility policies, procedures and supporting documentation were reviewed prior to the site visit and while onsite for interviewees and persons not interviewed.

The supporting or secondary documentation reviewed included but was not limited to various forms; vulnerability assessments; PREA education curriculum; education and training acknowledgement forms; training records; training certificates; checklists; unannounced rounds reports; sexual abuse coordinated response plan; investigation reports; annual staffing plan assessment; annual reports; staff schedules; organization chart; and many other pieces of documentation.

After the completion of the site visit process, an exit briefing was held in the office of the Executive Director. The attendees were the Executive Director; PREA Coordinator/Manager; Assistant Director-Intake, and Assistant Director-Group Homes. The exit briefing served to review the onsite process and review program strengths. The facility staff members were given the opportunity to ask additional questions about the audit process and comments were provided by the Executive Director and PREA Coordinator/Manager. Additionally, The Auditor shared how the audit revealed the array and quality of supportive services provided at Rutherford House beyond the traditional residential program setting.

Investigations

During this audit period, there were three allegations of sexual harassment. Two were youth-on-youth allegations and one was a staff-on-youth allegation. The investigations were conducted by the Office of Juvenile Justice Field Investigators. All three allegations received an administrative investigation. The two youth-on-youth allegations were determined to be unsubstantiated and the staff-on-youth allegation was determined to be unsubstantiated.

Post Onsite Audit Phase

Key Processes and Methodology

All of the evidence provided, collected and reviewed on site was assessed and the consideration of all interviews and observations during the site review were triangulated by the Auditor to determine the standards were met. The Auditor contacted the PREA Coordinator regarding clarity of information.

The Advocate with Project Celebration, Incorporated, agency for victim advocacy services, was interviewed by phone regarding the services to be provided to a victim as stated in the MOU. She confirmed the services that will be provided and the occurrence of the education classes she conducts onsite for residents and staff.

The final report was concluded on the posted date. The Auditor determined the information and documentation received during the pre-audit phase and reviewed onsite; observations made during the site review; and the interviews with residents, staff, and contractors confirmed all the standards were met. The report was submitted to the Executive Director of the facility.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Rutherford House is located in Shreveport, Louisiana and includes four licensed child placement programs (group homes) that house male juvenile offenders. Placement is open to youth regardless of political beliefs, race, color, religion, national origin, sexual orientation, gender, handicap/disability or any other non-merit factor whose needs cannot be met through traditional community resources.

The program contracts with the State of Louisiana, Office of Juvenile Justice (OJJ) to provide residential facilities as alternatives to traditional and sometimes distant correctional institutions. The resident, along with his family, participates in a comprehensive program aimed at reintegration of the resident into his home. If reintegration is not possible or advisable, the staff will recommend another placement based on the needs of the individual resident.

The four group homes, residential sites, house the residents. Three of the four group homes are regularly used. The fourth home will only be used in an emergency and is not used in the daily rotation of housing residents as a result of the decrease in the facility's population. Residents are provided a reasonable amount of privacy and safe space when they shower, use the toilet and change clothes. PREA related information is posted in each group home and there is dedicated phone in each group home for residents to report sexual abuse and sexual harassment and/or to request victim advocacy services. Each group home is also equipped with a kitchen, laundry area and cameras strategically placed to support direct staff supervision.

Rutherford House I (group home) is a one story frame house of 2,645 square feet. The building houses up to 12 residents. There are six bedrooms where three residents are assigned to one room, one resident to another and two residents each in the remaining four rooms. Rutherford House I also contain a bathroom with three shower stalls with doors and separated toilet stalls which contain curtains in the front. Staff is posted by the door at the entrance to the bathroom in each group home to ensure safety. This group home also contains a multi-purpose room; living room; office; and staff restroom. There are cameras strategically placed in the each group home.

Rutherford House II is a two-story frame house of approximately 2,800 square feet. The building houses up to 13 residents and is currently not being used. This group home will only be used in an emergency and is still kept up to code. It has six bedrooms, bathroom with privacy of showers and toilets, game room, dayroom, and staff restroom.

Rutherford House III is a two-story wood frame house with approximately 4,500 square feet and houses 13 residents. The building contains five large bedrooms located upstairs, two bathrooms, kitchen, dining room, office, game room, library tucked away in an area behind the stairwell; and staff restroom.

Rutherford House IV is a three-story brick house with 3,400 square feet of living area housing up to 13 residents. The group home contains five bedrooms; dining room; three bathrooms; kitchen; dining area; and dayroom.

The main building consists of two floors and is the operational site of the satellite residential facilities. The main building contains offices; a large common area; clinic; and conference room on the primary upstairs floor. Located downstairs is a gymnasium; classrooms; kitchen; cafeteria; and storage areas. The Vocational Center contains three classrooms for Business Education, English Language Arts and Mathematics; offices; counselor's room; work space for welding, auto mechanics and construction; a barber shop; and storage area. A small building is located on the same grounds as the main building and contains a counselor's office and the personnel office.

During this audit period the camera system has been upgraded. In 2017, the Executive Director implemented the live streaming capability on the cell phones of upper level supervisors to randomly view activities in the group homes on all three shifts. Documentation of the observations is submitted to the Executive Director. Each group home has gone from a four camera system to an eight camera system. There are a total of 16 cameras in the main building and the Vocational Center.

The third-party reporting information is available and accessible to visitors, residents, contractors, and employees through the posting of the hotline numbers to the State and community agencies. Administrative investigations may be conducted by the facility-based investigators and investigators from the Office of Juvenile Justice. All allegations of sexual abuse and sexual harassment are reported to State +Child Protective Services. When it is determined an allegation is of a criminal nature, the case is referred to the Shreveport Police Department.

The facility was accredited by the American Correctional Association during the time of the site review and adheres to the Performance-based Standards (PbS). Various programs and services are provided to residents onsite and within the community. The program and services include but are not limited to:

- academic and vocational services and classes;
- behavioral health services;
- individual, group and family counseling;
- substance abuse education/counseling;
- behavior management system with positive incentives;
- medical care;
- dental care;
- vision care;
- volunteer projects in the community;
- recreation activities; and,
- religious services.

Mental health and counseling staff consists of a Licensed Professional Counselor, who provides clinical oversight, counselors, and a contract psychiatrist. Additional counseling services are provided in the community for abuse victims and perpetrators. Additionally, the Assistant Director-Intake provides support to the mental health and counseling services. Medical and psychiatric services are coordinated by the Medical Assistant. Medical staff includes the Licensed Practical Nurse and the contract Nurse Practitioner provides support to medical and mental health. Where indicated, residents will be seen by a physician located in the community. Residents receive dental and eye exams upon admission.

Direct care staff members are responsible for the daily and direct supervision of residents and manage them during their daily activities. The staff to resident ratio was observed to be met in all areas of the facility during the comprehensive site review. The camera monitoring system supports the direct supervision provided by staff and the cameras were observed to be operational. There is a host of management, supervisory, support and contract staff members who provide oversight of or participation in processes and activities that contribute to the facility operations.

The resident interviews and documentation confirmed the provision of the programs and services described. The residents indicated during the interviews, they could communicate with their parents/guardians through telephone calls and visits. Observations during the comprehensive site review revealed adequate space for conducting the programs and services described and visitation. The residents are taken to public parks, community sports and entertainment events.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 1
115.353 Resident Access to Outside Confidential Support Services

Number of Standards Met: 40

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

PREVENTION PLANNING

Standard 115.311: Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.311 (c)

- 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 No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Facility PREA Policy, #001
Facility Organizational Chart

Interviewed:

PREA Coordinator
Random Staff
Residents

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 agency Policy and Procedures mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to 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.

Detection of sexual abuse and sexual harassment is addressed through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. 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 Policy and Procedures correspond with the same standard section/number.

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.

The facility Policy and Procedures provide for the designation of a PREA Coordinator. The facility's PREA Coordinator is under the direct supervision of the Executive Director. According to section 115.311 of the Policy, the role of the PREA Coordinator is to develop, implement and oversee agency efforts to comply with the standards to ensure safety of residents. The interview with the PREA Coordinator confirmed her knowledge of the PREA standards and their implementation.

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. Policy provides for the Program Director to work closely with the PREA Coordinator to comply with the standards.

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 requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator.

Standard 115.312: Contracting With Other Entities for the Confinement of Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, #001

Interviewed:

PREA Coordinator
Executive Director

Provision (a) and (b):

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. **Provision (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 Policy and Procedures Provides the facility does not contract with other entities to house its residents. The interview with the PREA Coordinator and Executive Director supported this premise.

Conclusion:

Based upon the review and analysis of the available evidence and the interview, the Auditor has determined the facility does not contract for the confinement of its residents.

Standard 115.313: Supervision and Monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 internal or external oversight bodies? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 No NA

- 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 No NA
- 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 No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes
 No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, 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
 No

115.313 (e)

- 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 No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, #001
Staffing Analysis
Absentee Staffing Plan
PREA Pre-Audit Questionnaire
Staff Work Schedules

Interviews:

Intermediate or Higher-Level Staff/Assistant Director-Group Homes
Executive Director
PREA Coordinator

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.

Facility 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, Division of Programs Licensing. The facility's staffing plan ensures the PREA ratios will be maintained. The camera system is located in the office of the Executive Director and is regularly monitored. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Executive Director, review of Policy

which outlines staffing plan and observations. The work schedules are based on the staffing plan and facility Policy which requires the above tenets be considered when addressing staffing levels.

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 134-Pro-02 provides that in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations from the PREA staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan. The Absentee Staffing Plan form is completed when staffing substitutions are made due to unavoidable absences. The completed form describes the situation which occurred and a staff was called in and identifies the staff involved. Licensing regulations require the facility to provide for at least one staff person to be on-call in the evening and at night, 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 Executive Director. 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 36. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is 38.

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.

The Policy provides that an annual review of the staffing plan is conducted. The documented Staffing Analysis was reviewed and revised on April 3, 2019 through collaboration of the PREA Coordinator and Executive Director. 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. No corrective actions were identified in 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.

The facility Policy provides for the occurrence of unannounced rounds conducted at the group homes. The documented rounds show they are collectively made by intermediate and higher level staff at various times on all shifts. Higher level supervisors also have the capability to live stream group home activities through their cell phones. The areas assessed during the unannounced rounds by the administrative staff at various times include but are not limited to the outside grounds; kitchen; common areas; and other areas within the group home.

The interview with the Assistant Director-Group Homes indicated how he ensures that staff does not alert other staff when he is conducting unannounced rounds. He makes his rounds in different locations and at different times. 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 unannounced visits.

Conclusion:

Based upon the review and analysis of the available evidence and the staff interviews, the Auditor has determined the facility is adhering to this standard regarding supervision and monitoring.

Standard 115.315: Limits to Cross-Gender Viewing and Searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- 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 No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- 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 No NA

115.315 (e)

- 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 No
- If a resident's genital status is unknown, does the facility 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? Yes No

115.315 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Training Materials
Training Logs

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 Policy and Procedures prohibit 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 review of the Pre-audit questionnaire and according to the interviews, no cross-gender searches are conducted at the facility.

Provision (b):

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

The 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 how to conduct searches. Staff participation in the training is recorded. Staff interviews confirmed they are 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.

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.

The 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.

The Policy provides that the facility will enable 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. No residents interviewed reported ever having been naked in full view of female staff while showering, changing clothing, and performing bodily functions.

The evidence shows residents shower, perform bodily functions, and change clothing without nonmedical 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. Viewing of the cameras and staff and resident interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes. The shower procedures included a reasonable amount of privacy provided for each resident.

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 no such searches have occurred in the past 12 months. Rutherford House receives a referral packet on all residents before they are accepted into the facility, 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 of transgender and intersex residents. Staff interviews confirmed they are aware that Policy prohibits them from conducting a physical examination of transgender or intersex residents solely for the purpose of determining the resident's genital status.

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 and at least annually. Training participation is documented. The evidence shows 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.

Standard 115.316: Residents with Disabilities and Residents Who Are Limited English Proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 speech disabilities? Yes No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No

- 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: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Letter of Agreement
Spanish PREA Pamphlet
Spanish Parent/Resident Handbook

Interviews:

Resident Interviews
Random Staff
PREA Coordinator

Special Education Teacher (PREA Educator)

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 facility Policy collectively address the provision of support services for disabled residents by providing these residents the 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. The PREA Policy also prohibits use of resident readers except in limited circumstances where a resident's safety is compromised. Random staff interviews and an interview with the PREA Coordinator confirmed that residents are not used as interpreters or readers for other residents. Included in the interviews was a direct care staff that speaks conversational Spanish and may be used to interpret information when needed.

Residents with cognitive disabilities were interviewed and their understanding of the PREA information was evident. The PREA Policy and the PREA Coordinator provided that the State of Louisiana, Office of Juvenile Justice will provide assistance to the Rutherford House if a deaf or blind resident needs to be placed in the facility. PREA education is provided to residents by the Special Education Teacher of Caddo Parish school district and is trained in working with youth with disabilities. It was clear from her interview how the education is provided in consideration of the various functioning levels of the population served. The Deaf Action Center is a community resource located in close proximity to the facility.

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.

The dominant language other than English is Spanish within the population served. The facility has a Letter of Agreement for the provision of Spanish interpretation. Additionally, included in the interviews was a direct care staff that speaks conversational Spanish and may be used to interpret information when needed. The evidence shows that each resident 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 in English and Spanish. The facility ensures access to support services for preventing, detecting, and responding to sexual abuse

and sexual harassment to residents who are limited English proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially.

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.

Policy prohibits the use of resident readers and interpreters except when a delay in obtaining interpreter services could jeopardize a resident's safety. Staff interviews confirmed residents are not used to relate PREA information to or from other residents. There were no identified residents in need of interpreter or translation services during the site visit.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor has determined the facility is compliant with this standard regarding residents with disabilities and residents who are limited English proficient. Residents with disabilities and who are limited English proficient are provided 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.

Standard 115.317: Hiring and Promotion Decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No

- 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 question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- 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 No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local laws, 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 No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- 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 No

115.317 (f)

- 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 No

- 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 employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

PREA Policy
 Staff Manual
 Personnel Files (including background checks information, application packets)

Interviews:

Administrative (Human Resources) Staff
 Executive Director

Provision (a) & (f):

Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(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.

Provision (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this 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 agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Facility Policies address hiring and promotion processes and decisions and background checks. The Background checks occur prior to employment and annually thereafter, in accordance with the state licensing authority. At least 10 complete personnel files were reviewed onsite including applications and background registry checks. Initial background checks are conducted by the facility through a local check and a background check is conducted by the State of Louisiana Office of Community Services.

The interview with the Human Resource Manager and a review of Policies provided details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. The forms completed and included in the personnel files are responsive to the above provisions of this standard. All applicants are asked about any prior misconduct involving any sexual activity. The documentation, interview and Policies support the facility does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse. The PREA Policy provides for employees to continually inform administrative staff of any related misconduct.

Provision (b):

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

The Policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview with the Human Resource Manager was aligned with the standard and the personnel documents show the inquiries made during the application process regarding previous misconduct.

The evidence shows the facility considers 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. Additionally, the Staff Manual provides that no applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior. Based on the review of the personnel files, records provided during the pre-audit phase, and the interviews, the facility follows this provision of the standard.

Provisions (c) & (d):

Provision (c): Before hiring new employees or **Provision (d):** contractors who may have contact with residents, the agency 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.

Policy requires background checks to occur prior to residents receiving services from employees, contractors and volunteers and was confirmed by the Human Resource Manager's interview and the review of personnel files. Efforts are made to contact all prior institutional employers for information of incidents or allegations related to sexual abuse. An authorization to release information form is signed by the applicant and sent to the previous employer to get information. Based on the review of documentation and interviews, the facility follows this provision of the standard.

Provision (e):

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

Initial background checks are conducted and are conducted annually thereafter. The interview with the Human Resource Manager, review of documentation and a review of the PREA Policy provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

According to the interview with the Human Resources Manager and a review of the PREA Policy, staff has a continuing duty to report related misconduct. The Policy provides for the omission of sexual misconduct or providing false information is grounds for termination.

Provision (h):

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The interview confirmed the facility would provide this information if requested to do so and it is not prohibited by law.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard regarding hiring and promotion decisions.

Standard 115.318: Upgrades to Facilities and Technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The interviews with the Executive Director and PREA Coordinator, documentation, and observations revealed that in 2017 the upper level supervisors were provided the capability to livestream activities from their cell phones. The group homes have been upgraded from a four camera system to an eight camera system. The monitoring system supplements direct supervision provided by staff members and was observed by the Auditor. No substantial modification to the facility structures occurred since the last PREA audit conducted in 2016, as reported and observed.

RESPONSIVE PLANNING

Standard 115.321: Evidence Protocol and Forensic Medical Examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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 No
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.321 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Letter to Law Enforcement Personnel
Memorandum of Understanding (MOU)

Interviews:

Random Staff

Investigative Staff (Assistant Director-Intake; Assistant Director-Group Homes)

Executive Director

PREA Coordinator

Oschner-Louisiana State University Health Emergency Room Supervisor

Provisions (a) & (b):

Provision (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.

Provision (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 PREA Policy supports 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 administration investigations are also made to the Louisiana Office of Juvenile Justice. The training documentation for the facility-based investigators was reviewed, including training certificates. According to the interviews and the Policy, the Shreveport Police Department investigates allegations that are criminal in nature. Allegations are also reported to the Louisiana Department of Children and Family Services. The investigators' and random staff members' 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.

The interview with the Oschner-Louisiana State University Health Emergency Room Supervisor confirms forensic examinations will be conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) at the hospital. The representative stated and the facility's PREA Policy states that forensic examinations will be provided at no cost to the victim. No forensic exams have been conducted during this audit period.

Provisions (d) & (e):

Provision (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. **Provision (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 Memorandum of Understanding 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 not 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.
- Referral Resource – Refer victims of sexual assault to other resources such as counseling, group sessions, informational material, etc.

Information regarding advocacy services is provided to the residents initially during the intake process and is posted and reviewed within 10 days of admission during the PREA education session.

Provisions (f) & (g):

Provision (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. **Provision (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. A letter was reviewed which evidence shows was mailed to an identified Sergeant at the Shreveport Police Department regarding criminal investigations of sexual abuse conducted at Rutherford House be performed by the Juvenile Division. Included in the letter is the request that a uniform evidence protocol be used which maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate for youth.

The children's welfare agency is also contacted, as well as the State of Louisiana Office of Juvenile Justice. The informal interview with the Program Specialist of the Office of Juvenile Justice (OJJ) confirmed that he conducts administrative investigations within the facility in cooperation with the facility-based investigators.

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.

The Assistant Director-Intake has been identified as the advocate within the facility, if needed. This staff member has a background and training in counseling and education.

Conclusion:

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

Standard 115.322: Policies to Ensure Referrals of Allegations for Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- 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 No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Unusual Occurrence Report
Investigation File
Provision of Information to Facility/PREA Notification form

Interviews:

Random Staff
Investigative Staff (Assistant Director-Intake, Assistant Director-Group Home)
Executive Director
PREA Coordinator

Provision (a):

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The PREA Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the Policy requirements as verified through their interviews. The facility reports one allegation of staff on resident sexual harassment and two allegations of resident-on-resident sexual harassment. The Policy and interviews support the cooperation between the facility staff and the investigators. The facility-based investigators have received the required training as documented by certificates and a view of the training curriculum.

Provision (b) and (c):

Provision (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. **Provision (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 including 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 are conducted by the trained facility investigators and may be investigated by the agency the facility contracts with, State of Louisiana OJJ. Allegations that are criminal in nature are investigated by the Shreveport Police Department.

During the past 12 months there was one allegation of staff-on-resident sexual harassment and two allegations of resident-on-resident sexual harassment. There were no cases that received a criminal investigation all were determined to be administrative investigations. Two allegations were determined as unsubstantiated that were identified as resident-on-resident and the allegation identified as staff-on-resident was determined as unfounded. The Auditor reviewed the investigation files with the Investigators.

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 was reviewed by the Auditor of the facility-based investigators and training is provided to the OJJ investigators.

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 upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations. Staff members were aware of the investigative entities.

TRAINING AND EDUCATION

Standard 115.331: Employee Training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No

- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Training Materials
Training Acknowledgement Statements
PREA Pre-Audit Questionnaire

Interviews:

Random Staff
PREA Coordinator

Provisions (a) and (c):

Provision (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.

Provision (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 in her 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.

Staff interviews and staff meeting documentation 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 training off-site provided by other agencies.

Staff members also receive the State's training regarding employees being mandated reporters as evidenced by the interview with the PREA Coordinator and review of the Certificate of Achievement for several staff members. The facility reports 130 staff who may have contact with residents, who were trained or re-trained on the PREA requirements.

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. The 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.

The Policy provides all training be documented. Training is documented in different ways, sign-in sheets/logs; acknowledgement statements; certificates; and meeting notes. The training was verified through document review and staff interviews, including the informal interview with the visiting OJJ staff member who stated that he also conducts PREA related training at the facility. The facility follows this provision of the standard.

Conclusion:

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

Standard 115.332: Volunteer and Contractor Training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility 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 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.

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 and would-be volunteers in accordance with the PREA Policy. The contractors stated the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents. The facility has no volunteers at this time.

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 provided to contractors. There are no volunteers at the facility at this time.

Conclusion:

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

Standard 115.333: Resident Education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- 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 sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.333 (c)

- Have all residents received such education? Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Parents/Residents Manual
Staff Manual
Youth Confirmation of Receipt – Prison Rape Elimination Act Form
Prison Rape Elimination Act Adolescent Educational Instruction Form
PREA Orientation Booklet
PREA Pre-Audit Questionnaire

Interviews:

Residents
Assistant Director-Intake
Special Education Teacher
PREA Coordinator

Provisions (a) and (b):

Provision (a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. **Provision (b):** Within 10 days of intake, the agency 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 agency policies and procedures for responding to such incidents.

Facility Policy provides 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. The Assistant Director-Intake provides the initial orientation to PREA and the Special Education Teacher provides more detailed information within 10 days of admission to the facility and periodically thereafter. The residents interviewed confirmed that PREA education sessions occur initially and periodically thereafter. Policy provides that within 10 days of intake, residents receive a comprehensive age-appropriate PREA education session. The results of the staff and resident interviews and a review of the curriculum and education materials indicated the information provided to

the residents is age-appropriate and comprehensive with an array of topics and helpful and preventive information.

The interviews with the PREA educators revealed they ensure residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. Residents are shown a PREA video during the second PREA education session and periodically during their stay. The residents sign acknowledgement statements confirming their receipt of the initial and comprehensive PREA information sessions. A review of documentation showing admission dates and education session dates indicate residents' participation in each PREA education session as required. The PREA related information is provided to staff in policies and procedures, training and staff meetings.

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), all residents participated in the required PREA education sessions. The facility is in compliance with this provision of the standard.

Provision (d):

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

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. Resource documentation was reviewed of for the provision of accommodations and supportive services for residents in the aforementioned areas. The agency also has the Caddo Parrish School district as a resource, including the Special Education Teacher who provides the comprehensive PREA education to residents.

The PREA information is in English and Spanish accessible to residents, staff, contractors, and visitors. The he facility will receive assistance from the OJJ for resources in providing services to disabled residents. The facility has a Letter of Agreement for the provision of Spanish interpreting and translation services from a qualified translator. One of the random staff members interviewed speaks conversational Spanish. Staff interviews confirmed residents are not used as translators or readers for other residents. During targeted interviews, the residents expressed the general information and a general understanding regarding PREA.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements and training rosters were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Assistant Director-Intake and the Special Education Teacher were interviewed regarding PREA education for residents. Both

PREA educators ensure residents' receipt of the information. A resident roster was reviewed and residents and the PREA Coordinator confirmed PREA related education sessions provided at the facility by staff from the advocacy agency, Project Celebration, Inc.

Provision (f):

In addition to providing such education, the agency 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. A PREA Orientation booklet is provided to each resident to assist in eliminating incidents of sexual abuse and sexual harassment. The booklet provides educational information regarding sexual abuse and victims and reporting information. The residents revealed they can report allegations of sexual abuse or sexual harassment in different ways such as telling a staff member; telling a family member who may report the allegation for them; access to the hotline in each group home to report allegations of sexual abuse or sexual harassment; or complete a grievance form. Each resident is provided a Parent/Resident Handbook which contains reporting information and PREA information was observed posted in the various buildings and was easy to see and read.

Conclusion:

Based upon the review and analysis of the available evidence, interviews and observations, the Auditor has determined the facility is compliant with the provision of this standard.

Standard 115.334: Specialized Training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- 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 No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Facility PREA Policy
Training Certificates

Interviews:

Investigative Staff (2)

Provision (a) & (b):

Provision (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.

Provision (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.

The 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 OJJ agency investigators. The 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 staff interviews.

Provision (c):

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The two investigators for the facility are the Assistant Directors. Both have Certificates of Completion of the online course, PREA: Investigating Sexual Abuse in a Confinement Setting provided by the National Institute of Corrections. The certificates and training log were reviewed by the Auditor.

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 provides training to its investigators who also may conduct administrative investigations at the facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding specialized training for investigations.

Standard 115.335: Specialized Training: Medical and Mental Health Care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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? Yes No
- 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? Yes No
- 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? Yes No

- 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? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- 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? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Facility PREA Policy
Training Certificates

Interviews:

Medical Assistant
Physician's Assistant

Licensed Practical Nurse

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.

The Policy and facility practice provide medical and mental health staff members receive the regular PREA training as well as the specialized training. Training records document 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, titled PREA: Medical Care for Sexual Assault Victims in a Confinement Setting.

The mental health staff members have Certificates of Completion in PREA: Your Role Responding to Sexual Abuse also provided online by the National Institute of Corrections. The interviews and a review of training Certificates confirmed completion of training which includes the provisions of the standard. The contractor who provides clinical supervision to the counseling staff is a Licensed Professional Counselor with an array of specialized training including a Certificate of Training in, "Developing a Community Response for High Risk Victims of Child Sex Trafficking and Exploitation provided through the US Department of Justice, Office of Justice programs, and Office of Juvenile Justice and Delinquency Prevention Initiative.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Forensic examinations are not 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 the OJJ Program Manager may also conduct PREA training at the facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding specialized training for medical and mental health care.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for Risk of Victimization and Abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- 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 No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Victimization/Aggression Admission Screening

Interviews:

Staff That Perform Screening for Risk/Assistant Director-Intake
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 within 24 hours upon arrival to the facility. The 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. The resident's risk level is reassessed through the review of Counselor's notes, incident reports and behavior reports. Screening instruments were reviewed by the Auditor. The documents confirmed there was an attempt to ascertain information such as but not limited to:

- (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 the information required by the standard, 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 interviews and review of documentation revealed the initial use of the instrument is usually on the same day of admission and within 72 hours 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 Auditor reviewed the screening instrument and determined all factors required by this provision of the standard are included. The interview with the Assistant Director-Intake confirmed she is aware 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. 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 and talking with the Probation Officer. Additional information may be gained through the initial physical/psychological appointment, and initial session with Counselor. Resident interviews revealed the instrument is used during the intake period.

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.

The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. The interview with the Assistant Director-Intake revealed the information is only available to treatment and administrative staff. The Auditor observed the files to be maintained in a secure manner in lockable file cabinets and a lockable 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 has determined the facility is compliant with this standard regarding screening for risk of victimization and abusiveness.

Standard 115.342: Use of Screening Information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No 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?) Yes No NA

115.342 (i)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Victimization/Aggression Admission Screening
Intake Assessment/Behavior Support Plan
PREA Pre-Audit Questionnaire

Interviews:

Residents
PREA Coordinator
Executive Director
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.

Facility Policy provides guidance to staff regarding the use of the information obtained from the screening instrument. 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 instrument.

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.

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

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.

The Policy prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing solely based on how the residents identify or their status. The Policy 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 observed to be reserved for transgender or intersex residents. Housing assignments will be made on a case-by-case basis.

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.

The Policy supports that housing and program assignments for transgender or intersex residents would 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. There were no transgender or intersex residents in the facility during the site visit and this audit period. The staff interview confirmed the facility would 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. Based on the review of the Pre-Audit Questionnaire and the interview, 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 and the staff is aware of the requirement. Based on the review of the Pre-audit Questionnaire and interview, the evidence shows the facility follows 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 the screening instrument and this applies to every resident. The residents confirmed in the interviews, they are asked about their safety concerns. 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 PREA Policy states transgender or intersex residents shall be given the opportunity to shower separately from other residents which is also supported by staff interviews.

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.

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 the interviews confirmed that isolation is not used in this facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding use of screening information. No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The facility is prepared to provide a safe and secure environment and follow all provisions of the standard regarding transgender and intersex residents.

REPORTING

Standard 115.351: Resident Reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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 No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
 Grievance Form
 PREA Orientation Booklet
 Youth Safety Guide
 PREA Education Materials

Memorandum of Understanding

Interviews:

Random Staff

Residents

PREA Coordinator

PREA Educators (Assistant Director-Intake, Special Education Teacher)

Executive Director

Provision (a):

The agency 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.

The facility's PREA Policy addresses this standard and provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he can 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 reporting hotline, as confirmed by resident and staff interviews and observations; related posters, brochures, booklets; tell staff; tell a family member or another third-party and/or complete a grievance form.

Random staff interviews revealed residents may use the telephone, located on each group home unit, to privately report sexual abuse and sexual harassment and may use telephone in other offices in the main building. There is designated locked boxes and forms located in the school area and in the common area near the medical office of the main building for depositing the written forms and residents have access to writing materials as observed and stated by staff. The reporting information was also supported by the resident interviews.

The telephone was tested during the comprehensive site review and the Auditor was able to reach an operator immediately, prompted by picking up the receiver from the base. The national sexual assault reporting hotline number is also posted and accessible by residents to report allegations of sexual abuse or sexual harassment. The resident receives a PREA Orientation booklet and handbook which provides PREA related information, including how to report allegations of sexual abuse.

Posters are located in the group homes and other locations visible to residents, staff, contractors, volunteers, and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings.

Provision (b):

The agency 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 agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency 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.

Residents may use of the dedicated red telephone located in each group home, directly accessible to residents, to report an allegation of sexual abuse or sexual harassment to Project Celebration, Inc. Signs are posted explaining how to access agencies. Some of the random staff interviewed revealed staff could use the dedicated phone to report allegations of abuse. There have been no allegations of sexual abuse during this audit period and none of the three allegations of sexual harassment were deemed to be of a criminal nature. The facility does not detain residents solely for civil immigration purposes.

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 immediately document verbal reports as instructed in the PREA Policy. All residents interviewed revealed their familiarity with the provisions of the standard. The resident residents are aware they may report either in person, in writing, by phone, completing a grievance form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Interviewed staff members were aware of their duty to receive and document third-party reports.

Provision (d):

The facility shall provide residents with access to tools necessary to make a written report.

Writing materials are readily available for residents to complete the accessible forms as observed and indicated by the staff interviewed as well as residents. During the site review, the Auditor observed the residents' accessibility to forms and writing utensils. The PREA Policy also instructs staff on the availability and accessibility of writing utensils for residents. One of the allegations of sexual harassment was made by the resident completing a grievance form and placing the form a grievance box. The allegation was received and an administrative investigation was completed.

Provision (e):

The agency 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. The interviews collectively identified the following ways a report can be made privately: use of the telephone hotline numbers; talk to the facility-based investigators; or write a note; or talk directly to the Executive Director.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard regarding resident reporting. The residents have multiple internal ways to privately report. Reports can be made verbally, in writing, anonymously, through third parties, and to outside agencies.

Standard 115.352: Exhaustion of Administrative Remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a 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 No NA

115.352 (c)

- 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- 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 No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- 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 No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- 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 No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Parent and Resident Handbook
Grievance

Interviews:

PREA Coordinator
Executive Director
Random Staff
Resident Interviews

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 grievance form that the facility has administrative procedures to address resident grievances regarding sexual abuse. The grievance system serves as a method for residents to report allegations of sexual abuse and sexual harassment. The allegations received through the grievance system are referred for investigation.

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 and interviews, evidence shows the facility provides relevant information to the residents and parents/guardians and follows this provision of the standard.

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 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. The grievance or complaint which alleged inappropriate behavior which was handled through an administrative investigation for sexual harassment was determined as unsubstantiated within the 90-day period.

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.

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.

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.

The PREA 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.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard regarding exhaustion of administrative remedies. The facility has an administrative procedure for dealing with resident grievances regarding sexual abuse and the response is to report the allegation for an investigation. The grievance procedure is contained in the Parent and Resident Manual and explained during intake.

Standard 115.353: Resident Access to Outside Confidential Support Services and Legal Representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 No

- 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 No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility 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? Yes No

115.353 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Memorandum of Understanding (MOU)
Victim Advocacy Agency Brochure
Youth Safety Guide
PREA Orientation Booklet
Posted Information
PREA Education Materials

Interviews:

Residents
PREA Coordinator
PREA Educators

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.

Contact information for advocacy services is a part of the PREA education sessions. Information is also provided through signs and posters in various parts of the facility including each group home. The resident interviews revealed their knowledge regarding the services that can be provided by the advocacy agency. The hotline telephone was observed in each group home and the contact information for services from the advocacy agency was posted to report allegations or request advocacy services. The telephones were tested and connected directly to the operator who stated that upon receipt of the call she would contact an advocate who would respond to the situation.

Information is posted providing the national sexual assault hotline number and residents are provided brochures containing hotline number for the Office of Juvenile Justice Family Liaison and the Investigative Services hotline number. Residents may use telephones in staff offices and the brochure addresses confidentiality which is also addressed in PREA education. Advocates from Project Celebration, Inc. provide education classes to residents and staff at the facility periodically as evidenced collectively by the interviews with an Advocate, PREA Coordinator and residents and a training log.

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.

The Youth Safety Guide provided to each resident provides information concerning confidentiality and is covered in the PREA education. Resident interviews indicated the awareness of confidentiality information.

Provision (c):

The agency 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 agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

A MOU exists between the facility and Project Celebration, Incorporated for the provision of advocacy services, including emotional support; medical/hospital advocacy regarding the forensic medical examination and investigative interviews; 24-hour hotline and telephone counseling services; court advocacy; and referrals to counseling. Project Celebration, Inc. also provides community prevention and education services to the residents on a regular basis; documentation is maintained of the education sessions provided.

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 interviews confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by Policy. The site review revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated family could visit and phone calls are allowed. The residents provided the days and times of visitation and phone calls. The PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorney where indicated and/or court representatives and reasonable access to parents or legal guardians.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility exceeds this standard by initially meeting all of the provisions and providing the planned education sessions presented by the victim advocates as well as in-house education sessions which provide victim advocacy information regarding access to outside confidential support services. The interviews confirmed good communication and an interactive working relationship between the facility and the victim advocacy agency. Residents confirmed they had someone on the outside to report allegations of sexual abuse and sexual harassment to if needed and these persons could make reports for them and without giving the resident's name.

Standard 115.354: Third-Party Reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Posted Information

Interviews:

Random Staff
Residents
PREA Coordinator

§115.354The 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 done and indicated the information will be accepted and reported. Staff members reported that 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 hotlines or write a note to an administrator. Information regarding reporting is posted on the facility's 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 group home and education area, accessible to visitors.

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. 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. There were no third-party reports received during this audit period.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance regarding third-party reporting. The facility provides various methods for third-party reports of sexual abuse or sexual harassment.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and Agency Reporting Duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- 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 No
- 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 No

115.361 (e)

- 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 No

- 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 No

- 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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA

- 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 No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
 Training Certificate of Achievement
 Investigation Packets

Interviews:

Random Staff
 Medical Staff/Medical Coordinator; Licensed Practical Nurse; Nurse Practitioner
 Mental Health Staff/Clinical Supervisor
 PREA Coordinator
 Executive Director

Provision (a) and (b):

Provision (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. **Provision (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 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 OJJ 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 child welfare agency, Louisiana Department of Children and Family Services/Child Protection Services.

Reporting according to the State's mandatory reporting laws and the facility PREA Policy was evident through document review regarding allegations that received administrative investigations. The documents demonstrate the reporting by staff in accordance with facility Policy and the requirements of the standard. A Certificate of Achievement is provided to staff upon completion of the State's mandated reporter training which informs staff of their duty to report and how to report allegations.

The staff interviews were aligned with the requirements of the 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 to the Assistant Director as indicated in all interviews. Both Assistant Directors serve as facility-based investigators, responsible for conducting administrative investigations and making 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.

Facility 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 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 Executive Director. Interviews with other 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.

Facility Policy and practice provide that reports of allegations of sexual abuse will be made by the Assistant Director. Allegations of sexual abuse are also reported to the Louisiana Department of Children and Family Services, Child Protection Services and all related information will be provided. Policy also provides for parents to be notified. The interview with the Executive Director 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 the Assistant Director. The Assistant Director will report the allegation to the investigative entity and conduct an initial administrative investigation. Third-party and anonymous reports received must be reported and documented by staff as confirmed through staff interviews. The PREA Policy and interviews indicate that all allegations will be taken seriously and reported

Conclusion:

The interviews with random staff, mental health and medical staff and the other staff revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters and a written report must follow reported allegations or incidents as soon as possible.

Standard 115.362: Agency Protection Duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Grievance Forms
Intake Assessment/Behavior Support Plan
Victimization/Aggression Admission Screening
Intake Information for Child Care Workers Form

Interviews:

Executive Director
Random Staff
PREA Coordinator

§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, provides information that assists and guide staff in keeping residents safe through housing and program assignments. The additional and supplemental instruments provide information which offer more insight and background in determining the risk level of each resident. The interviews of the random staff and Executive Director revealed protective measures include but are not limited to alerting other staff, implementing close supervision, and separating the residents including moving to a different room or group home. The Executive Director and the random staff indicated the expectation is that any action to protect a resident would be taken immediately.

Considering the interviews with the Executive Director and the PREA Coordinator 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 paperwork and follow-up checks by the staff. Screening instruments support the information provided by residents.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard regarding agency protection duties.

Standard 115.363: Reporting to Other Confinement Facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy

Interviews:

Executive Director

Provisions (a), (b), (c), and (d):

Provision (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. **Provision (b):** Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. **Provision (c):** The agency shall document that it has provided such notification. **Provision (d):** The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The Policy provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director/designee 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 longer 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 OJJ and Child Protection Services and the Shreveport Police Department if indicated. The Executive Director is familiar with the Policy and his responsibilities regarding such situation. 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 has determined the facility is compliant with this standard regarding reporting to other confinement facilities.

Standard 115.364: Staff First Responder Duties**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.364 (a)**

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy

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.

The Policy and training 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:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

c. 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 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.

The 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 has determined the facility is compliant with this standard regarding staff first responder duties and would respond accordingly, based on Policy and training.

Standard 115.365: Coordinated Response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
PREA Coordinated Response to Sexual Abuse

Interviews:

Random Staff
Executive Director

§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 was familiar with the roles regarding the response to an allegation of sexual abuse. The Executive Director is aware of the coordinated actions that would be implemented in response to an incident of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse. According to the review of completed investigations and staff interviews, there were no incidents of sexual abuse during this audit period.

Standard 115.366: Preservation of Ability to Protect Residents from Contact with Abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to interviews with the Executive Director and the PREA Coordinator, the facility is not responsible for collective bargaining agreements.

Standard 115.367: Agency Protection Against Retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fears 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 No

115.367 (c)

- 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 No
- 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 No

- 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: Act promptly to remedy any such retaliation? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy

Interviews:

Executive Director

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.

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. The Executive Director is responsible for retaliation monitoring per the Policy. The interview with the Executive Director confirmed he is charged with monitoring for retaliation and how it is conducted.

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 Executive Director confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would 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.

The Policy provides that the Executive Director will monitor the conduct and treatment of residents or staff who reported the sexual abuse, and of residents, who were reported to have suffered sexual abuse for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. According to the Executive Director, he would act promptly to remedy the situation. The Policy and the Policy summarizes that the following would be monitored: demeanor and behavior of staff and residents; disciplinary reports; lack of progress; 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 and the interview support that a status check is initiated with residents. However, it was determined that retaliation monitoring has not been indicated or required during the past 12 months.

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.

The Policy considers other individuals who cooperate with an investigation if they express fear of retaliation from another resident or staff member. The Executive Director 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 which was supported by the interview.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation. It is concluded that if the facility were to have an incident of retaliation, the Executive Director would employ protection measures and monitor as long as indicated.

Standard 115.368: Post-allegation Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy

Interviews:

Executive Director
Mental Health Staff
Medical 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 Policy provides that residents are not isolated from others and 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 has determined the facility is compliant with this standard regarding post-allegation protective custody which is not used at this facility.

INVESTIGATIONS

Standard 115.371: Criminal and Administrative Agency Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (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 No
- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Investigation Reports
OJJ PREA Field Investigations-Provision of Information to Facility/PREA Notification Form

Interviews:

Investigative Staff/Assistant Director-Intake
Investigative Staff/Assistant Director-Group Homes
Executive Director
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.

The PREA Policy provides that all incidents of alleged sexual abuse or sexual harassment be adequately addressed through investigation. Facility and 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 facility-based investigators. This premise was also supported by the conversation between the Auditor and the OJJ Program Specialist who was onsite during the site visit. The Program Specialist also conducts administrative investigations at the facility congruent with the facility-based investigators.

Provision (b) and (c):

Provision (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.

Provision (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 investigators and their interviews were aligned with the training and the standard. The two investigators for the facility are the Assistant Directors. 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):

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The Policy provides that no investigation is terminated solely because the source of the allegation recants the allegation. The interviews with the investigators confirmed this practice.

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.

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 shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff, in accordance with Policy, training and the interviews. 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, according to the PREA Policy.

Provisions (g) and (h):

Provision (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. **Provision**

(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.

A review of administrative investigations revealed they include an effort 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 in the provisions and include a description of the physical and testimonial evidence and investigative facts and findings.

Provision (i):

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The 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.

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.

The Policy provides that upon the start of an investigation, it will not end until the investigation has been completed. The interviews with the investigators support the Policy and standard provision.

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 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 documentation of completed investigations and the interview with the Executive Director and conversation with the OJJ Program Specialist indicate that staff cooperates with outside investigators and remain informed about the progress of the investigation. The OJJ provides to the facility a completed form, Provision of Information to Facility/PREA Notification, following its conclusion of an investigation.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard regarding criminal and administrative agency investigations.

Standard 115.372: Evidentiary Standard for Administrative Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Training Certificates

Interviews:

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 Policy provides the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interviews with the Investigators were aligned with the Policy and provision of the standard.

Conclusion:

Based upon the review and analysis of the Policy, training documentation and interviews, the Auditor determined the facility is compliant with this standard regarding the evidentiary standard for administrative investigations.

Standard 115.373: Reporting to Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- 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 No

- 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 employed at the facility? Yes No
- 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 No
- 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 No

115.373 (d)

- 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 No
- 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 No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Provision of Information to Facility/PREA Notification

Interviews:

Investigative Staff (2)
PREA Coordinator
Executive Director

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 Directors. The Executive Director, Assistant Directors and PREA Coordinator remain abreast of an investigation conducted by any of the investigative entities as documented by written findings, meetings and the OJJ Provision of Information to Facility/PREA Notification Form.

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 Executive Director, Assistant Directors and PREA Coordinator remain abreast of an investigation conducted by the Office of Juvenile Justice as evident by the OJJ Provision of Information to Facility/PREA Notification Form. No investigations were completed by the Shreveport Police Department during this audit period.

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.

The 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.

The Policy provides that all such notifications or attempted notifications be documented. The Provision of Information to Facility/PREA Notification Form is used for this purpose.

Provision (f):

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The Policy provides the facility's obligation to report under this standard terminates if the resident is released from the facility's custody.

Conclusion:

The interviews with the identified staff confirmed the Policy requirements and their knowledge of the process of reporting to a resident regarding the outcomes investigations. Based on the review and analysis of the available documentation and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to residents.

DISCIPLINE

Standard 115.376: Disciplinary Sanctions for Staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy

Interview:

Executive Director

Provision (a):

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policy provides that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.

Provision (b):

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Policy provides that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident.

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.

The Policy provides that disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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.

The Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies will be reported to law enforcement, unless the activity is clearly not criminal. In addition, it shall be reported to a relevant licensing body. According to the Executive Director, no staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies.

Conclusion:

Based upon the review of Policy and interviews, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for staff.

Standard 115.377: Corrective Action for Contractors and Volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy

Interviews:

Executive Director

Human Resource Manager

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 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 the interviews. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.

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 in the case, and based on the outcome of the investigation, as inferred by interviews and Policy. In the past 12 months, no contractors or volunteers were reported for allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard regarding corrective action for contractors and volunteers.

Standard 115.378: Interventions and Disciplinary Sanctions for Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- 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 No
- 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 No
- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- 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 No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:

Facility PREA Policy
Parent and Resident Manual

Interviews:

Executive Director

Treatment Supervisor (Mental Health 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. There has not been an incident of sexual abuse during the past 12 months.

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.

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 Executive Director.

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 the 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 Treatment Supervisor. Specialized counseling is also provided offsite if it is determined the additional treatment is needed. The facility may require participation in such interventions as a condition of access to 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 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.

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 an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Policy supports this premise.

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.

The 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 after determination the sexual activity was coerced.

Conclusion:

There have been no administrative or criminal findings of resident-on-resident sexual abuse in the past 12 months. Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding interventions and disciplinary sanctions for residents.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and Mental Health Screenings; History of Sexual Abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (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, 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 No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- 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 No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

PREA Policy

Interviews:

Staff Responsible for Risk Screening

Medical Staff (Nurse Practitioner; Licensed Practical Nurse; Medical Assistant)

Mental Health Staff

Provision (a) and (b):

Provision (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. **Provision (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.

The Policy provides that residents who indicate during initial screening being a victim or perpetrator of sexual abuse, will be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. The Assistant Director-Intake that conducts the screening for risk of victimization and abusiveness indicated the meeting is held within three days which was also verified by the documentation. The facility receives paperwork on a youth prior to their arrival to the facility and this information is included in the packet and the Assistant Director is already aware of the information.

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.

The PREA Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to Program Directors, Counselors and housing staff, as necessary, to make effective management decisions. The Auditor observed the resident files maintained in a secure manner, locked file cabinets in a lockable office.

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.

According to the interviews with the medical and mental health practitioners, informed consent would be obtained from residents 18 and over before reporting information about prior sexual victimization that did not occur in an institutional setting. Documentation of informed consent would be included in the resident's record.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard regarding medical and mental health screenings, and history of sexual abuse.

Standard 115.382: Access to Emergency Medical and Mental Health Services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

- Are treatment services 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Facility PREA Policy

Interviews:

Medical Staff

Mental Health Staff

Executive Director

Oschner-Louisiana State University Health Emergency Room Supervisor

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. The interview with the emergency room supervisor confirmed the emergency services that would be accessible at Oschner-Louisiana State University Health and provided by qualified medical personnel.

Residents are informed of clinical services during the intake process. Documents demonstrate residents' access to medical services onsite as well as medical appointments offsite. The residents have access to 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. Observations and a review of documents 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.

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 the written coordinated response plan provide 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 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.

The 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. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff. Services are also available to the residents by the Caddo Parrish Health Unit. The facility houses males only at this time.

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.

The 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.

Conclusion:

The Policy and interviews revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding access to emergency medical and mental health services.

Standard 115.383: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services 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?
 Yes No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy

Interviews:

Medical Staff
 Mental Health Staff
 Executive Director

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.

The Policy requires that a medical and mental health evaluation and treatment be offered to resident victims of sexual abuse. According to the interviews, medical and mental health staff members are aware of the Policy requirement. 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 and will include but not be limited to evaluations, medication, counseling, and referrals.

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.

The 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 policies and the interviews. Services are also accessible through the Caddo Parrish Health Unit, according to the PREA Policy.

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 Policy and staff 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 30 days on all known resident-on-resident abusers and offer appropriate treatment by mental health staff. The Policy does provide 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 has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual Abuse Incident Reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- 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 No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Investigation Reports

Interviews:

Incident Review Team Member/PREA Coordinator
Executive Director

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.

The Policy requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. The staff understands that this occurs also if the allegation has not been substantiated, unless the allegation has been deemed to be unfounded. A review of the Policy and interviews confirmed incident reviews will be conducted regarding the investigation of allegations of sexual abuse. All allegations received an administrative investigation and were determined not to be acts of sexual abuse.

Provision (b):

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The Policy requires that the reviews occur within 30 days of the conclusion of the investigation. The Coordinator confirmed incident reviews would occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the 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;
Assistant Director;
Program Directors;
Mental Health Counselors;
Medical Staff
Investigative Staff

The interview with the PREA Coordinator confirmed the Policy requirement. Input would be obtained from the appropriate staff.

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, review of Policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including:

- considering the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex;
- 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 provided to the Executive Director 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 concluded the incident review team would consider all factors required by the standard.

Provision (e):

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The Policy indicates the administration will implement the recommendations for improvement, or will document its reasons for not doing so. The Executive Director and PREA Coordinator are familiar with this Policy requirement. No incident review team meetings were held during this audit period due to no allegations of sexual abuse.

Conclusion:

Based upon the Policy and interviews, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

Standard 115.387: Data Collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- 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 No

115.387 (d)

- 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 No

115.387 (e)

- 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 the confinement of its residents.) Yes No NA

115.387 (f)

- 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.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
PREA Logs
Rutherford House 2018 Annual PREA Report
OJJ 2018 Annual PREA Report

Interviews:

PREA Coordinator
Executive Director

Provisions (a) & (c):

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. 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 provides 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 conducted by the U. S. Department of Justice.

Provision (b):

The agency shall aggregate the incident-based sexual abuse data at least annually.

The 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.

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 for both the facility and the 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 PREA Coordinator and the OJJ 2018 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.

The 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.

Conclusion:

Based upon the review and analysis of the documentation and the interviews, the Auditor has determined the facility is compliant with this standard regarding data collection.

Standard 115.388: Data Review for Corrective Action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- 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 No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
PREA Logs
Rutherford House 2018 Annual Report
OJJ 2018 Annual PREA Report
OJJ PREA Site Visit

Interviews:

Executive Director
PREA Coordinator

Provisions (a)-(d):

The Policy supports the review of data collected and aggregated in order to improve the PREA efforts. The interviews revealed the collected and aggregated data is reviewed to assess and improve the effectiveness of the PREA related initiatives by identifying problem areas; developing and implementing corrective actions where needed; and preparing an annual report based on the collected data. The interviews supported the provisions of the Policy and the standard.

The Policy indicates an annual report will be prepared that will provide information regarding the facility's corrective actions in addressing sexual abuse. The annual report is approved as required by Policy, per the interviews and a review of the report. The annual report reflects a comparison of the results of annual data. The annual report has been reviewed and the report is accessible to the public through the facility's website. The OJJ Annual Report is posted on the agency's website. There are no personal identifiers in the annual reports.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data review for corrective action.

Standard 115.389: Data Storage, Publication, and Destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy
Facility Annual Report
OJJ Annual Report

Interviews:

Executive Director
PREA Coordinator

Provision (a)-(d):

The Policy provides that all data collected will be securely stored and maintained for at least 10 years after the initial collection date. According to the Policy, the aggregated sexual abuse data will be available to the public through the facility's website. The report is posted on the facility's website. A review of the annual reports verified there are no personal identifiers. PREA related documentation is securely stored.

Conclusion:

Based upon the review and analysis of the documentation, interviews and observations, the Auditor has determined the facility is compliant with this standard regarding data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and Scope of Audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No 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 No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial PREA audit was conducted in 2016. The agency is fulfilling the current auditing requirement with the completion of this second PREA audit for this facility. The staff provided the Auditor with the required documentation mandated by the standards and the auditing process. A comprehensive site review was provided to the Auditor during the Onsite Audit Phase and additional documentation was

reviewed. The PREA Coordinator and other staff members were cooperative in providing additional documentation as requested.

The Executive Director and PREA Coordinator provided appropriate work space which included conditions for conducting interviews in private with the residents and staff. The posted notices regarding the audit were observed in the facility buildings, accessible to residents; staff; visitors; and contractors. The notices provided directions and contact information informing those who wanted to contact the Auditor of how to do so. The printed audit notice was duplicated and placed on the facility's website which popped up as soon as the webpage was opened. A process for confidential correspondence exists however no correspondence was received by the Auditor.

Standard 115.403: Audit Contents and Findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This facility was previously audited in 2016 and the Auditor confirmed the audit report was posted on the website. The report does not contain any personal identifying information and there were no noted conflicts of interest regarding the completion of the audit. The facility policies and other documentation were reviewed regarding compliance with the standards and have been identified in the report.

According to the report, the audit findings were based on a review of policies and procedures and supporting documentation, observations, and interviews.

AUDITOR CERTIFICATION

I certify that:

- 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, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Shirley L. Turner

June 23, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.