

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 08/14/16

<b>Auditor Information</b>			
<b>Auditor name:</b> Dorothy Xanos			
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<b>Date of facility visit:</b> July 27-29, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Bridge City Center for Youth			
<b>Facility physical address:</b> 3225 River Road, Bridge City, Louisiana 70094			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> (225) 287-7900			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Stephanie Mills			
<b>Number of staff assigned to the facility in the last 12 months:</b> 197			
<b>Designed facility capacity:</b> 136			
<b>Current population of facility:</b> 93			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium, Maximum			
<b>Age range of the population:</b> 12-20			
<b>Name of PREA Compliance Manager:</b> Michael Marsh		<b>Title:</b> PREA Compliance Manager	
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<b>Agency Information</b>			
<b>Name of agency:</b> Office of Juvenile Justice			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 7919 Independence Blvd., State Police Headquarters, First Floor, Baton Rouge, Louisiana 70806			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> ( 504) 436-4253			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Dr. James Bueche		<b>Title:</b> Acting Deputy Secretary	
<b>Email address:</b> james.bueche@la.gov		<b>Telephone number:</b> (225) 287-7944	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Yezette White		<b>Title:</b> PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

Bridge City Center for Youth (BCCY) is a one hundred and thirty-six (136) bed hardware secure facility for male residents governed by the Louisiana Office of Juvenile Justice (OJJ). The facility is located in Bridge City, Louisiana, on the South side of the Mississippi River near the Huey P. Long Bridge, opened in 1961 as the Convent of the Good Shepherd, a home for way-ward girls. The facility was purchased from the Associated Catholic Charities in 1972 by the Louisiana Training Institute-New Orleans and opened its doors to delinquent youth in a house parent family style setting in 1973 under the administration of Governor Edwin Edwards and the Office of Youth Services for the state of Louisiana. In 1981 the state moved towards a correctional philosophy in its juvenile facilities, modeling the programming after the states adult correctional facilities. In 2004 the state of Louisiana separated youth services from adult services and formed the Office of Juvenile Justice. The Office of Juvenile Justice began moving towards a clinical based cognitive therapeutic approach towards working with juvenile offenders and in 2005 Bridge City Center for Youth became the pilot facility for the Louisiana Treatment Model (LAMOD) that is now used in all the state's juvenile facilities. The average length of stay is ten (10) to twelve (12) months and can be extended if necessary. The average age is between 12 - 20 years old. There were ninety-three (93) residents at the facility at the time of the review. BCCY is American Correctional Association (ACA) accredited.

The facility has a staffing pattern that supports a high level of supervision and supportive interventions for residents. The facility is staffed with one hundred and ninety-six (196) full-time and part-time employees. The staff consisted of: Facility Director; Deputy Director; Facility Assistant Director; (7) SC SR Counselor 3, 4-A & 5-B; (3) Social Workers; (2) Train/Develop Specialists; (14) Education Staff; Professional Counselor 4; (3) Tutors; and Corrs. Lieutenant Colonel; (141) Juvenile Justice Specialist 1, 2 & 3 and (21) other staff (Administrative, Recreation, Maintenance and Food Service).

The medical staff (Correct Care Solutions) consists of a Health Services Administrator, Nurse Practitioner (part time), administrative assistant, three (3) licensed registered nurses; two (2) licensed practical nurses providing nursing services on-site twenty-four (24) hours a day, seven (7) days a week and an on-call physician. Additionally, all nurses are supervised by an on-site registered nurse supervisor who is responsible for coordination of other medical services and medical clinics. The facility has contracts with the local hospital for 24 hour emergency needs. A medical physician visits the facility weekly. Also, the nurses provide health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental staff consisted of a dentist and a dental assistant providing dental services several days a week consisting of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. The facility has contracted an optometrist who provides routine eye exams. Metropolitan Center for Women and Children is the program identified to provide the victim advocacy services for the residents at the facility. Audrey Hepburn Care Team/New Orleans Children's Advocacy Center provides the emergency and forensic medical examinations. Correct Care Solutions staff provide the mental health and psychiatric services at the facility.

Riverside Alternative High School is located on the campus of BCCY and is a Board of Elementary and Secondary Education approved alternative school. Students attend school year round and are enrolled six (6) hours per day at their appropriate levels of academic performance. Teaching staff hold valid Louisiana training certifications. The pupil/teacher ratio is no more than 14:1 for all academic classes and 6:1 for all vocational classes. The educational staff consisting of administrator, teachers, special education teachers, and vocational instructors. Residents participate in educational endeavors through an individual education program that is designed for them. Library services are provided to the residents and they are encouraged to check out books. The program is designed for residents to have the opportunity to learn at the highest level possible. The instructional program encourages the residents to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. The Education Program offers all of the basic courses in areas of Math, Science, Social Studies, English, Career Research Development and Office Systems Management. Residents who have been previously enrolled in school in their community and are no more than two years below grade level continue to earn Carnegie Units that transfer back to their home schools upon release. All residents admitted to the facility participate in statewide and high-stakes testing (iLEAP, LEAP, End of Course, LAA1, LAA2, or EOC assessments) to determine whether or not the student will be able to transition to the next grade or document student outcomes and academic progress. Residents may also participate in GED instruction designed to prepare residents for successfully passing the GED test. BCCY offers certifications in Auto Mechanics and Culinary Arts. Residents who complete the certification in either class will leave the facility with skills allowing them to be more successful in their search for employment. School personnel partner with residents' families and community resources to provide a smooth transition upon release.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Bridge City Center for Youth (BCCY) located in Bridge City, Louisiana, sits on a twenty-five (25) acre site and is comprised of a total of eighteen (18) buildings constructed primarily of brick and masonry. A few of the newer buildings are constructed of concrete block and masonry. The program's physical plant has a number of buildings that are closed both within a fenced secure area and outside of the fenced area. The maintenance building, garages, and a warehouse are located outside the secure areas of the facility. The fenced secure area has a main entrance controlled by security. There is an administration building with offices for administrative staff and support staff, a chapel, a school, kitchen and dining facilities, training area, a second building that houses the control center with additional offices, and a medical unit with an infirmary. The gymnasium and pavilion area is used for recreation, visitation and special programs. There is a separate "family" visitation room that has family style furnishings and is used sensitive visits or where family counseling is sometimes conducted. The ten (10) dormitories have supervisory and social worker offices, day room/multi-purpose area for residents, bathroom/shower area, four (4) secured desks and chairs and twelve (12) to fourteen (14) bunk beds. Three (3) of the ten (10) dormitories provide residents with sex offender treatment. Two (2) of the ten (10) dormitories were recently closed. Additionally, there is housing for the Facility Director located on the grounds.

BCCY uses a multi-disciplinary team approach to providing treatment for residents. Upon arrival to the facility residents meet with the social services staff to begin the assessment, classification, evaluation and testing process. Residents are placed in a dormitory based on age, maturity, specialized needs, and/or their adjustment to the facility. Social services staff provides individual and group counseling utilizing Thinking for Change, Victim Awareness, Anger Management, Substance Abuse, Healthy Masculinity, and Pre-Release Preparations. The Louisiana Model (LaMOD) is used to create a therapeutic environment within the dormitory/housing units. LaMOD is a treatment process that focuses on assisting residents in learning positive behaviors and practicing new skills utilizing group meetings, check-ins, circle-ups, and team meetings to address issues, praise performance, and review progress.

BCCY provides three (3) sex offender treatment dormitories for residents requiring intensive sexual offender treatment called the Juveniles Understanding and Managing Problems (J.U.M.P.) program. Although housed separately and residents are provided specialized treatment services, these residents interact with the general population in the school, recreational settings and any other types of activities. The resident's treatment team is comprised of licensed or licensed eligible staff who conduct individual, group and family therapy, social service staff who conduct case management services for residents and their families, a program manager who monitors the program to ensure that program fidelity is maintained and security staff who ensures the safety of the residents, conduct LaMOD groups and reinforce skills the residents learn in treatment.

One of the vocational programs called "The Students of Culinary Arts and Occupations at BCCY" the residents are studying aspects of becoming a Chef. The classes consist of six (6) to eight (8) residents at one time. Specific guiding principles were established in this program that consist of: honesty, achievement, versatility, ethical, focused, accountable, informed, team players and harmonious. The residents in this class learn all aspects of working in the food service industry, not only in food preparation but cleanliness, supply ordering, ingredients for recipes, table setting to name a few. The certified culinary educator, a retired chef is teaching these residents how to work in a health environment.

## SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by June 24, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified during the tour and documentation received electronically from the Bridge City Center for Youth (BCCY) PREA Compliance Manager. The notices were posted in various locations throughout the facility including the secure entrance area, administration and education area, intake area, visitation area, medical area, gymnasium, and dormitories. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by July 7, 2016. The documentation was uploaded to a USB flash drive organized but not easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address a number of the standards. After a discussion with the OJJ PREA Coordinator and BCCY PREA Compliance Manager and providing a list of noted concerns, the BCCY PREA Compliance Manager sent some documentation prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on July 27-29, 2016. An entrance briefing was conducted with the OJJ PREA Coordinator, OJJ Regional Director, Facility Director, Deputy Director, PREA Compliance Manager, Juvenile Justice Specialist and Administrative Assistant. During the briefing, it was explained the audit process and a tentative schedule for three (3) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including the secure entrance area, administrative and education area with offices and classrooms, master control, medical/infirmary area, gymnasium and pavilion area, library area, and ten (10) dormitories/housing units. During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. The facility in several buildings were clean and well maintained and it was obvious staff and residents took pride in their living areas. The other buildings were not clean nor well maintained. Notification of the PREA audit was posted in all locations throughout the facility as well as minimal postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There are cameras installed in a number of areas throughout the facility. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the housing units did allow for privacy.

During the three (3) day on-site visit, there were a total of ninety-three (93) residents in the facility. There are nine (9) dormitories but only eight (8) of them are occupied by residents. The other dormitory has been closed for the past several months. Residents were randomly selected for the interview process from eight (8) dormitories. A total of sixteen (16) residents were interviewed on the third day of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, family member, and the hot line. The community victims' advocacy service and telephone number is available to the residents. There is evidence of OJJ obtaining a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Thirty-five (35) staff including those from all three (3) shifts, supervisory staff, investigation staff, contracted staff (teachers), medical and mental health staff, Facility Director, Deputy Director, Administrative Program Director, and PREA Compliance Manager were interviewed during the on-site visit. Additionally, the OJJ Acting Deputy Secretary, OJJ PREA Coordinator and OJJ Regional Director were interviewed as well during the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the third day, an exit briefing with a summary of the findings was conducted with OJJ PREA Coordinator, OJJ Regional Director, Facility Director, Deputy Director, PREA Compliance Manager and Administrative Assistant. At the exit debriefing, it was discussed additional documentation was required for two (2) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the BCCY PREA Compliance Manager. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.1.4 (Investigation Services) outlines how each facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents.

OJJ has a designated juvenile PREA Coordinator who works statewide to implement the PREA Standards and who indicated she has sufficient time and authority to develop, implement and oversee compliance efforts of two (2) residential facilities and six (6) non-secure programs. It was evident during the staff interviews, staff had been trained and were knowledgeable of OJJ's YS PREA policy and procedures including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

A review of the Office of Juvenile Justice (OJJ) YS Policy A.4.2 (Standard Operating Procedures for Contract Providers) and 2015 Standard Operating Procedures for Contract Providers Guidelines describes the contractors obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. The Office of Juvenile Justice (OJJ) has entered into/renewed six (6) contracts for confinement of residents in the past twelve (12) months. These contractors are monitored by OJJ to ensure compliance with the PREA standards.

### **Standard 115.313 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy A.2.14 (Secure Care Facility Staffing); YS Policy C.2.19 (Youth Accountability – Secure Care Facilities); BCCY Policy C.2.20 (Perimeter Patrol and Inspections) and post orders contained the required information identifying the facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring, and federal standards. Additionally, the policies contained information identifying the facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts. During the initial documentation review, BCCY staff-to-youth ratios is identified as 1:8 during the resident waking hours and 1:16 during resident sleeping hours, however the practice for the past several months has been 1:6 during both the resident waking and sleeping hours. BCCY’s staffing plan was developed, implemented and approved on 7/25/16 and was found to be in compliance with this standard. During the initial documentation review, the facility did not report deviations from the staffing plan during the past 12 months. Minimum staff ratios are always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. BCCY is a secure facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and harassment. The Facility Director, Deputy Director and Shift Supervisors conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment, staff and resident interactions, and overall adherence to the facility’s policies and procedures twice a month. All unannounced rounds are documented in the log books as “Security Check” which is limited information and does not contain observations of all areas of the facility. Documentation, Facility Director and staff interviews confirmed the process takes place in the facility.

#### **Standard 115.315 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial documentation review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.3 (Searches of Youth) and YS Policy B.2.20 (Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ) and Non Confirming Youth) required each facility to maintain protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering dorm areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident’s genital status. Additionally, BCCY Policy C.2.5 (Searches of Youth, Employees and Visitors) and BCCY Postorder on Bathroom/Shower Procedures to comply with the requirements at the facility level. A review of the training documentation and staff interviews confirmed the training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Most residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. There was one (1) cross-gender pat-down search conducted during the past 12 months. Most staff and resident interviews indicated that female staff entering the dorm areas consistently announce themselves.

Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that female staff are prohibited from entering the bathroom/shower area while residents are showering. All staff were able to describe what an exigent circumstance would be but in most instances were not knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Most staff interviews could not identify the OJJ policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident’s genital status. After the on-site visit, all staff were re-trained on cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Also, all staff were re-trained on the policy prohibiting staff from searching or

physically examining a transgender or intersex resident for purpose of determining that resident's genital status. The BCCY PREA Compliance Manager sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

### **Standard 115.316 Residents with disabilities and residents who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy B.8.8 (Americans with Disabilities Act) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the varied policies indicate each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety.

BCCY utilizes the Catholic Charities Archdiocese of New Orleans DSAF Action Center to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. OJJ pamphlet "Youth Safety Guide" and the Youth PREA Orientation Packet is provided to the residents and is available in both English and Spanish. The teachers could provide residents with disabilities with various services on an as needed basis. Staff training documentation, OJJ pamphlet and orientation packet contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months to report sexual abuse or sexual harassment.

### **Standard 115.317 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy A.2.18 (Criminal Record Check) and BCCY Policy A.2.26 (Personnel Selection and Promotion) contained all the elements required by this standard and all background checks are conducted initially on new employees, randomly selected on current employees, and promotion decisions of the agency. OJJ has extensive initial background screening requirements that include the screening for criminal record checks (NCIC & LACCH), possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, driving records check, Louisiana child abuse registry checks, domestic violence check, Diana screening - sex offender registry checks, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts annual criminal background checks for all employees and contractors. A sampled review of staff's and contractor's HR records contained the documented criminal background checks and the

questions regarding past misconduct (Employment Application, Staff Confirmation of Receipt PREA form and other acknowledgement forms) were asked and responded to during the hiring process. The Administrative Program Director's interview confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, contractors who have contact with residents have documented criminal background checks.

### **Standard 115.318 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.7.3 (Facility Design/Space Management) contained information on designing, expansions or modifications of existing facilities. BCCY has not been newly designed or had a substantial expansion or modification since August 20, 2012. The initial documentation review did not contain any information, however after the on-site visit, information was sent on the facility having some modifications completed in 2013 to certain areas i. e. the dormitory bathrooms were modified to provide privacy in the shower and toilet areas to comply with this standard. During the tour, the video surveillance system was observed in the master control area and cameras were observed throughout the facility. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the facility.

### **Standard 115.321 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act), YS Policy A.1.4 (Investigative Services); YS Policy C.4.6 (Securing Physical Evidence/Crime Scene); Correct Care Solutions (CCS) Policy C-37 (Sexual Assault-PREA); Investigative Services Procedural Orders I.S. 3.33 (Rape Investigation Procedures); Investigative Services Procedural Orders I.S. 3.22 (PREA Investigations Standards Overview) and Investigative Services Procedural Orders I.S. 3.37 (Sexual Harassment – PREA Investigations) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policies requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and staff interviews confirmed Investigative Services (IS) conducts both the criminal and administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. IS will contact the appropriate local law enforcement agency to co-investigate. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. There is evidence of OJJ obtaining a Memorandum of Understanding from Metropolitan Center for Women and Children to provide confidential emotional support to residents who are victims of sexual abuse at the facility. Audrey Hepburn Care Team/New Orleans Children's Advocacy Center provides the emergency and forensic medical examinations at no



financial cost to the victim. Documentation was provided that the medical examiners at Audrey Hepburn Care Team/New Orleans Children's Advocacy Center are SANE certified. The facility has identified the Sexual Trauma Awareness and Response (STAR) as an additional community-based organization that can provide confidential emotional support to residents who are victims of sexual abuse. Additionally, Sexual Trauma Awareness and Response (STAR) provides advocacy, counseling and legal services to residents and families at no cost.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy A.1.4 (Investigative Services); Investigative Services Procedural Orders I.S. 3.33 (Rape Investigation Procedures) and Investigative Services Procedural Orders I.S. 3.22 (PREA Investigations Standards Overview) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to Investigative Services (IS) for investigation and determination of child abuse and the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Investigative Services (IS) for completion of an administrative investigation. The PREA policy can be found at the Office of Juvenile Justice's website and information can be found in their PREA pamphlet that is available in English and Spanish. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. BCCY had received twenty-one (21) allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements on the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct.

### **Standard 115.331 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.2.24 (Staff Development and Training Plan) requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees contains all eleven (11) topics consistent with this standard's requirements. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign a Louisiana OJJ Class Attendance form for each of the five (5) OJJ Training Modules upon completion of the initial PREA training. A review

of all staff and training education forms as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. Employee training records are maintained electronically.

### **Standard 115.332 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the PREA training and sign the Contractor Provider/Volunteer Confirmation and Receipt PREA form upon completion of the PREA training they received. Documentation confirmed they are aware of the facility’s requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

### **Standard 115.333 Resident education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy B.8.12 (Secure Care Youth Orientation) requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency’s response to allegations within 10 days upon arrival. However, the intake staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. During the initial intake, the assigned staff reviews this information verbally with the resident and a hard copy is provided to them for future reference. After the review with the resident, he is asked to sign various forms which include: Louisiana OJJ Youth Confirmation Receipt form, Youth Code of Conduct, Youth Confirmation of Receipt Staff/Youth Relationships, Juvenile Administrative Remedy Procedure (ARP) to name a few, verifying receipt for all information regarding orientation to the facility. Documentation of resident’s signatures were reviewed and confirmed during resident interviews. Residents are provided a Youth Handbook and the Louisiana OJJ pamphlet “Youth Safety Guide” which includes information on prevention/intervention, self-protection, reporting and treatment/ counseling and the pamphlet is available in Spanish. Additionally, residents during the orientation process see a video presentation on PREA at the facility. Most residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the handbook and pamphlet. Staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis.

### Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and Investigative Services Procedural Orders I.S. 4.1 (Training for Investigators) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to Investigative Services for both criminal investigations and administrative investigations. All IS Investigators under go an extensive training prior to conducting criminal and administrative investigations which includes the PREA Specialized Training: Investigating Sexual Abuse in Correctional Setting Course. The facility does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement are provided by IS. There are two (2) investigators assigned to this facility. Both investigators have completed the PREA Specialized Training: Investigating Sexual Abuse in Correctional Setting Course requirements.

### Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) requires PREA training and specialized training for medical and mental health staff. Correct Care Solutions (CCS) provides the medical and mental health staff at the facility and requires all their staff to under go the specialized PREA training offered by OJJ and CCS. Initial review of training documentation contained all the training completed by all twenty-four (24) contracted medical and mental health staff. It was evident through the medical and mental heath staff interviews they had received the basic PREA training provided to all staff and the specialized training offered by NIC. All medical staff completed the NIC PREA Medical Health Care Sexual Assault Victims in a Confinement Setting Course and the mental health staff completed the NIC PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting Course. The medical staff do not conduct forensic examinations.

### Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); YS Policy B.2.2 (Youth Classification System and Treatment Services) and YS Policy B.2.3 (Secure Care Intake) requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. Louisiana OJJ “Intake, Screening and Housing Assessment” form, an initial mental health evaluation, and “SAVRY Risk Assessment” form are used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed periodically throughout their stay at the facility. The facility’s policies limits staff access to this information on a “need to know basis”. Staff interviews confirmed a screening is completed on each resident upon admission to the facility. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there has been one (1) transgender or intersex residents admitted to the facility within the past year, staff were aware of giving consideration for the resident’s own views of their safety in placement and programming assignments. Most resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission.

#### **Standard 115.342 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); YS Policy B.2.2 (Youth Classification System and Treatment Services); YS Policy B.2.3 (Secure Care Intake) and YS Policy B.2.20 (Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ) and Non Confirming Youth) precludes gay, bi-sexual, transgender and intersex residents being placed in a dorm area, bed or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident’s appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The social workers utilize various forms and any other pertinent information during the resident’s admission process. Also, social workers and staff determine placement of residents in a specific sleeping assignment according to their risk level (low, medium or high). Staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. There are ten (10) dormitories but only eight (8) of them are occupied by residents. The other dormitories have been closed for the past several months. Each dorm area has twelve (12) to fourteen (14) bunk beds depending on the size of the housing area. Isolation is not utilized at the facility as a means of protective custody.

#### **Standard 115.351 Resident reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); YS Policy B.5.3 (Administrative Remedy Procedure) and YS Policy C.4.3 (Mandatory Reporting of Abuse and Neglect of Youth) provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline number, placing a written complaint in the grievance box and third party. While touring the entire facility, there were minimal postings of the PREA information (Break the Silence) and Reporting Resources (Investigative Services - Dial\*999, Family Liaison - Dial\*800 & LaFASA - Dial\*555). Some postings were observed in the secure entrance area and administrative area, visitation and the living areas of the facility. Reporting procedures are provided to residents through the handbook and pamphlet. Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust or third party. Some residents identified the grievance box as a means to report sexual abuse and sexual harassment. Most resident and staff interviews along with the resident's handbook, pamphlet and supporting documentation verified compliance with this standard.

#### **Standard 115.352 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); YS Policy B.5.3 (Administrative Remedy Procedure); YS Policy B.8.15 (Family Liaison Between Families of Youth and Youth Services); YS Policy A.1.4 (Investigative Services) and BCCY Policy B.5.3 (Juvenile Administrative Remedy Procedure) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the locked grievance boxes located in various areas of the facility. The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Deputy Director is assigned and responsible to review the complaint within 24 hours and advise the resident of the outcome or status of the investigation within five (5) working days. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints. There have been no resident grievances relating to sexual abuse or sexual harassment received in the past 12 months.

#### **Standard 115.353 Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.1.4 (Investigative Services) ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is evidence of OJJ obtaining a Memorandum of Understanding from Metropolitan Center for Women and Children to provide confidential emotional support to residents who are victims of sexual abuse at the facility. Audrey Hepburn Care Team/New Orleans Children’s Advocacy Center provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at Audrey Hepburn Care Team/New Orleans Children’s Advocacy Center are SANE certified. There have been no calls from residents to outside services in the past 12 months. Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The facility’s minimal postings contained limited information of the outside services. Resident interviews revealed knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. Additional education has been provided to the residents on victim advocate services. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

#### **Standard 115.354 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

An initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.2.8 (Sexual Harassment) identifies the Department's third party reporting process and instruct staff to accept third party reports. OJJ website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

#### **Standard 115.361 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); YS Policy A.1.4 (Investigative Services); YS Policy C.4.3 (Mandatory Reporting of Abuse and Neglect of Youth) and Investigative Services Procedural Orders I.S. 3.22 (PREA Investigations Standards Overview) identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff are mandated reporters and random staff interviews confirmed the facility’s compliance with this standard. All staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through the facility protocol and/or training. The staff would complete a incident report with the details of any incidents that would occur in the facility in compliance with this standard. Additionally, interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

### **Standard 115.362 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.1.4 (Investigative Services) requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Facility Director and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

### **Standard 115.363 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) requires the Facility Director, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with OJJ policies and procedures. The Facility Director has received no allegations that a resident was abused while neither confined at another facility nor were there any allegations received from another facility during the past 12 months.

#### **Standard 115.364 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There has been no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, most interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with OJJ policies and procedures. It was evident that staff have been trained in their responsibilities as first responders. Staff carry a “First Responder Steps” card as a reminder of the required steps to take in response to a sexual abuse assault and/or allegation.

#### **Standard 115.365 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); SART Team Protocol and BCCY institutional plan provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contacting medical and mental health outside sources. BCCY’s staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting IS and law enforcement, victim advocate services, parent/guardian and a number of other individuals. Interviews with the Facility Director, Deputy Director and other staff validated their technical knowledgeable of their duties in response to a sexual assault.



### Standard 115.366 Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Office of Juvenile Justice (OJJ) does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA, therefore this standard is not applicable.

### Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); Investigative Services Procedural Orders I.S. 3.22 (PREA Investigations Standards Overview) and BCCY A.2.8 (Sexual Harassment) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. OJJ policies and procedures prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The Juvenile Justice Specialist (Lead Investigator) is responsible with monitoring 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 determine if changes that may suggest possible retaliation exist. This monitoring would include resident disciplinary reports, bedroom and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation in the past 12 months.

### Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The facility restricts any isolation placement, however, BCCY has the capabilities to isolate a resident as a last resort. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents would be placed in another dorm or staff would be placed on "no contact with resident."

#### **Standard 115.371 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.1.4 (Investigative Services) require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to OJJ Investigative Services for both administrative and criminal investigations, however Jefferson Parrish State Police can also be brought in to conduct a criminal investigation. There has been two (2) reported investigations that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this facility in the past 12 months. It was evident, the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the facility, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

#### **Standard 115.372 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.1.4 (Investigative Services) contains all the elements of the standard and OJJ Investigative Services investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the Facility Director and the IS Lead Investigator indicated that they conduct fact finding investigations and make conclusions following their investigations (which are both administrative and criminal in nature) and provide the information to OJJ for consultation with legal and human resources to determine disciplinary actions.

### Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.1.4 (Investigative Services) requires that any resident who makes an allegation that he suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. IS has a process to notify the resident. The policies further requires that following a resident’s allegation that a staff member who has committed sexual abuse against the resident, the facility informs the resident unless the allegations are “unfounded” whenever the staff member is no longer posted within the resident’s dorm area; the staff member is no longer employed at the facility; IS learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the detention facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, IS Investigator notifies the Facility Director and will then inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There has been twenty-one (21) reported investigation of alleged staff or resident’s inappropriate sexual behavior that occurred in this facility during the past 12 months. The Facility Director and the IS Lead Investigator validated their technical knowledge of the reporting process during their interviews.

### Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.1.4 (Investigative Services) disciplinary sanctions up to and including termination for violating facility’s sexual abuse or harassment policies. The policy also mandates that the violation be reported to IS and law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with OJJ policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employee terminated in the past 12 months for violation of the facility’s sexual abuse or harassment policies. The Facility Director interview validated her technical knowledge of the reporting process was consistent with OJJ policy and procedures.

### Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy A.1.4 (Investigative Services) requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to IS and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during interviews with the Facility Director and Administrative Program Director. There have been no volunteers or contractors reported in the past 12 months.

### **Standard 115.378 Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); BCCY Policy B.5.3 (Juvenile Administrative Remedy Procedure) and OJJ Code of Conduct Protocol and Report any resident found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. BCCY staff provides each resident with a youth handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There has been one (1) administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months. The Facility Director indicated that residents may also be referred for prosecution if the allegations were criminal.

### **Standard 115.381 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); YS Policy B.6.5 (Secure Care Mental Health Screening, Appraisal and Evaluation) and Correctional Care Solutions Policy D-03 (Mental Health Appraisal) require medical and mental health evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening. Medical and mental health staff complete various admission screening forms (i.e. Medical History and Physical Assessment; Receiving Screening; Initial Mental Health Evaluation and MAYSI) during the initial intake process. There were no residents who disclosed prior victimization during their initial screening process. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

**Standard 115.382 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) and YS Policy B.6.4 (Accident and Injury (A&I) Evaluations) requires victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. The medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation (Transport Referral; Transport Exam and Accident & Injury forms) for the direct care staff. Additionally, documentation provided confirmed treatment services are provided to every victim without financial cost. Metropolitan Center for Women and Children is the program identified to provide the victim advocacy services for the residents at the facility. Audrey Hepburn Care Team/New Orleans Children’s Advocacy Center provides the emergency and forensic medical examinations.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported Audrey Hepburn Care Team/New Orleans Children’s Advocacy Center where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There has been one (1) investigation of alleged resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused.

### Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act); SART Team Protocol and OJJ Coordinated Response to Sexual Abuse Incidents Checklist requires a SART Incident Review Report of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days. BCCY SART Team consists of the Facility Director, Deputy Director, PREA Compliance Manager, IS Lead Investigator, medical and mental health representatives. There has been one (1) investigation of alleged staff or resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months. Staff interviews confirmed they would document their review on the SART Incident Review Report form that captures all aspects of an incident.

### Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) requires the collection of accurate, uniform data for every allegation of sexual assault. The Facility Director completes a monthly report that is submitted to the OJJ PREA Coordinator who collects all the data relating to PREA. OJJ has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2014 – 2015 Annual Reports revealed both were completed in accordance with this standard.

### Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2014-2015 Annual Report indicated compliance with the standard and included all of the required elements. The 2014-2015 Annual Report are posted on the Louisiana Office of Juvenile Justice (OJJ) Website for public review and readily available.

**Standard 115.389 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Office of Juvenile Justice (OJJ) Youth Services (YS) Policy C.2.11 (Prison Rape Elimination Act) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

**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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Dorothy Xanos

August 14, 2016

Auditor Signature

Date