

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

Date of report: May 5, 2016

Auditor Information			
Auditor name: Jeff Rogers			
Address: P.O. Box 1628 Frankfort, Kentucky 40602			
Email: jamraat02@gmail.com			
Telephone number: 502-320-4769			
Date of facility visit: April 26, 2016			
Facility Information			
Facility name: Johnny Robinson's Boys Home			
Facility physical address: 3209 South Grand Street, Monroe, Louisiana 71202			
Facility mailing address: <i>(if different from above)</i> same			
Facility telephone number: 318-388-1104			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Matt Robinson			
Number of staff assigned to the facility in the last 12 months: 44			
Designed facility capacity: 30			
Current population of facility: 25			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 12-17			
Name of PREA Compliance Manager: Bob Thompson		Title: PREA Compliance Manager	
Email address: bobthom007@bellsouth.net		Telephone number: 318-376-0151	
Agency Information			
Name of agency: This is not an agency but a single facility entity. All information above is the same as below			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Johnny Robinson's Boys Home (JRBH) was conducted on April 26, 2016 by Jeff Rogers, from Frankfort, Kentucky who is a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit

Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The review prompted several questions by the auditor that were sent via email and discussed on the telephone prior to the on-site audit. All concerns were addressed to the satisfaction of the auditor prior to his arrival.

During the on-site audit, the auditor was provided a private conference room in the facility from which to work and conduct confidential interviews with facility staff, residents and a volunteer. The auditor interviewed six (6) residents from the two housing units or dorms. Six (6) facility staff members were interviewed representing all shifts utilizing the DOJ provided Random Staff Questionnaire. Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections; generally and specifically, their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff was questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The following specialty staff questionnaires were utilized during this review including:

- The Agency Head
- The Facility Director
- PREA Compliance Manager
- Designated Staff Charged with Monitoring Retaliation
- Incident Review Team
- Staff that perform Screening For Risk or Victimization and Abusiveness
- Intake Staff
- Volunteers and Contractor Who May Have Contact with Residents
- Medical and Mental Health Staff
- Administrative (Human Resources) Staff
- Intermediate or Higher Level Facility Staff

The auditor reviewed five (5) staff personnel records to determine compliance with training mandates and background check procedures. Case records of five (5) residents were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. The JRBH reports no allegations of sexual abuse or sexual harassment in the past 12 months so the auditor was not able to review any investigations, related documentation or interview any victims. It should also be noted that the JRBH does not have any medical personnel (staff are trained in CPR/1st Aid), and no investigators or SANE/SAFE nurses. Medical services for residents are provided at a community based physician's office.

The auditor toured the facility escorted by the Agency Head and PREA Compliance Manager and observed among other things the facility configuration, location of cameras, staff supervision of residents, dorm layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy. Notices of the PREA audit were posted throughout the facility in common areas on March 15, 2016.

The Johnny Robinson's Boys Home has made PREA a high priority. Staff have been thoroughly trained and residents are educated not only in the intake and first ten days about PREA, but throughout their lengths of stay. Residents and staff are both required to pass examinations relating to their knowledge of this process. Each staff member has his own PREA notebook. Staff also carry first responder wallet cards that list what to do as a first responder. This is a really good practice because it allows staff (if needed) to know what to do when a potential PREA event occurs. Matt Robinson, the Agency and Facility Director has been at the home for 30 years. His father began this program over 36 years ago after retiring from professional football in the NFL. Mr. Johnny Robinson was present for the beginning of the on-site review.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Johnny Robinson's Boys Home is located in Monroe, Louisiana at 3209 South Grand Street. It is a private non-profit organization established in 1980 by former LSU Football great and Kansas City Chiefs Hall of Famer, Johnny Robinson. The Governor of Louisiana, John Bel Edwards recently proclaimed May 1, 2016 as the Johnny Robinson's Boys Home Day in Louisiana. The facility is licensed by the state of Louisiana and is inspected at least yearly. The facility takes adjudicated youth from all over the state. Referrals to the facility are made by the Louisiana Office of Juvenile Justice. The facility is nestled in a beautifully landscaped campus, with abundant trees and across the street from the Ouachita River. It is located in a neighborhood with homes and apartments adjacent to the property. Until recently, the home housed 17 youth from the Department of Children and Family Services but now only takes referrals from the Office of Juvenile Justice for its 30 beds. The main part of the campus is the "Big House" which was built in 1904 and houses administrative offices as well as multi-occupancy bedrooms on the upper floor. It has been renovated over the years and meets all building, fire, and health codes. The Big House has a total of 14 beds in four (4) bedrooms on the second floor. Three (3) of the bedrooms have four (4) beds and the remaining bedroom has two (2) beds. A second housing unit called the "Little House" is across the street from the Big House and has 16 beds in seven (7) bedrooms. One bedroom has four (4) beds while the other six (6) bedrooms have two (2) beds each. When the facility accepted youth from the Department of Children and Family Services it had two additional housing units, but these are no longer used to house residents. All housing areas have day room space as well as the required number of single showers, toilets and wash basins. There is a dormitory for staff who sleep over during extended tours of duty. The reason for this is to provide additional staff members in the event of an emergency and to make it easier for staff to meet their shift requirements. The staff who stay over work from 5:45 a.m. until 11:00 p.m. during their weekly shifts. Wake staff relieve stay over staff. The number of wake staff meets the staffing ratio established by the state of Louisiana which is 1:12 for nighttime. The norm is to have four (4) to five (5) wake staff on duty between 11:00 p.m. and 7:00 a.m. which actually exceeds the established ratios. In addition to the Big House and the Little House there is a full size gymnasium with basketball goals at each end as well as the capability to have a tennis net added for tennis. There is a kitchen/dining room that can also be used for multi-purposes such as staff training. There is also an outside basketball court with a goal at each end and additional yard space for soccer or other outside recreation. There is a residential type chain link fence surrounding the campus and not a security fence. Its purpose is to mark the property boundaries. There is an outside visitation area for residents and families. In inclement weather the kitchen/dining room is used for visitation. The founder, Johnny Robinson, is a former college football player for Louisiana State University (LSU) and an integral part of the team that won the NCAA football championship in 1958. He is also an all-pro player who was a star on the Kansas City Chiefs team that won Super Bowl IV, as well as being a Kansas City Chiefs Hall of Famer. His son, Matt, also played tennis for Louisiana State University (LSU). With this strong athletic background, emphasis is placed on sports, values, discipline and life lessons for the residents who are placed in their care. The mission of the program is to provide a versatile community-based alternative to traditional juvenile placement. The operating philosophy is that education and role-modeling instigate positive and sustainable changes in attitude and behavior. The ultimate goal for each resident is to return to the community.

Residents attend local community education programs including GED preparation classes. The facility employs an education director, Mr. Moses Perkins. If an issue occurs at public schools, Mr. Perkins responds as any parent would. Every resident at the JRBH has an individual treatment plan with measurable and quantifiable objectives. It is reviewed regularly by staff. The facility does not utilize room confinement or have a restrictive housing room for use if a resident misbehaves. In addition to direct staff supervision, security cameras have been installed throughout the campus, including outside recreation areas to monitor resident movement and any incidents that might occur. The surveillance cameras are viewed on computer monitors and can also be viewed by the Facility Director and PREA Compliance Manager on their home computers or telephones. It is worth mentioning that the PREA Compliance Manager was with the Louisiana State Police for 35 years as an officer, captain and investigator. His knowledge and background make him the ideal PREA Compliance Manager.

The facility does not employ medical staff. Medical services are obtained by a local physician who serves as the facility's medical authority. The facility staff coordinate all medical visits for the residents. Staff members are trained in CPR/1st Aid and have training in other areas of medical care including administering medications.

SUMMARY OF AUDIT FINDINGS

During the past 12 months, the JRBH reported that no allegations of sexual abuse were received; thus, there were zero criminal investigations related to sexual abuse conducted at the JRBH. There were eight (8) sexual harassment allegations. Seven (7) were unsubstantiated and one (1) was unfounded. There have been no transexual or intersex residents admitted to the JRBH.

Overall, the interviews of residents reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Residents receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, residents are provided more comprehensive education on PREA that includes personal instruction in addition to a power point film provided by the Louisiana Office of Juvenile Justice titled PREA Orientation. There are PREA posters, pamphlets and an OJJ Safety Guide as well to assist in educating residents about PREA. At the conclusion of the PREA Orientation process, each resident must take a quiz to verify his understanding of PREA. Residents indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Residents were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. Residents consistently indicated to the auditor that they felt safe in the facility.

An MOU has been negotiated with the Monroe Police Department for criminal investigations. There exists an MOU with the Ouachita Parish Coroner's Office for the provision of SANE/SAFE services at the St. Francis Hospital Emergency Room. There is also an MOU with the Wellspring Alliance for Families for rape crisis services. It should be further noted that the Facility Director, Matt Robinson has been trained as a Facility Victim Advocate.

All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Additionally, staff were well trained on the PREA first responder's protocol for any PREA related allegation and could clearly articulate exactly the steps they would follow if they were the first responder to an incident.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that department and agency leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA.

Number of standards exceeded: 4

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

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.

This standard directs the agency to adopt a zero tolerance policy for sexual abuse and harassment.

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct. An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.

The facility policy titled PREA pages 82-98 Section I, A. 1 and page 83 Section II A. are applicable for this standard. These policy citations spell out the JRBH zero tolerance policy as well list the definitions that mirror those of 115.5 and 115.6. The policy also complies with the requirement to have a PREA Compliance Manager. There is not a PREA Coordinator because this is a single-entity facility. The PREA Compliance Manager has sufficient work history, training, and qualifications to be employed as the Compliance Manager who has sufficient time to manage the PREA Process. The PREA Compliance Manager was a former Louisiana State Police Officer and Detective for 35 years.

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.

This standard directs the agency who has facilities for the housing of youth at other locations.

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

This standard is Not Applicable because the JRBH is a single-entity facility and does not contract with any other facility for housing residents.

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)

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.

This standard directs the facility in how it monitors and supervises residents.

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

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

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances. Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

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

Each secure facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

PREA Policy titled Supervision and Monitoring page 82, Section II, C, pages 1-4 directs the development of a staffing plan that contains the requirements of this standard 115.313 a, and 1-11. The policy also directs the facility on what to do if staffing levels are deviated from. The staffing levels at the JRBH are normally 1:6 daytime and 1:12 at night. The facility actually exceeds these standard with a normal ratio of 1:5 daytime and 1:6 or 1:7 night time. There has been no deviation from these ratios and at times even exceeds the lower ratios. The last aspect of this standard directs the facility to use intermediate or upper level staff to conduct unannounced rounds and to record these rounds. The facility provided numerous examples of these recordings. (in reality the standard is for secure facilities and the JRBH does not meet the definition of a secure facility but it chooses to follow this requirement). For this reason and the lower staff ratios this standard exceeds the requirements set forth in 115.313.

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.

This standard directs the facility about how it treats transgendered and intersex residents in regards to cross-gender strip searches or cross-gender body cavity searches.

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The agency shall not conduct cross-gender pat-down searches except in exigent circumstances. The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The JRBH PREA Policy titled Limits to Cross Gender Viewing and Searches Section II, D, 1-6 page 84 meets the requirements listed above and the facility's actual practice is consistent with this policy. Interviews with staff and residents confirmed that female staff have not viewed them showering, using the toilet or changing clothes. As a matter of fact there are no female security staff members at this facility. Residents reported never seeing a female in their housing areas. Staff members have been trained in how to search transgender and intersex residents in a video presented by the PRC and the Moss Group. Records confirm staff's attendance in this training. The facility has developed a form related to transgender and intersex search should one occur. Resident interviews confirmed that female staff do not normally announce their presence because there are no female staff that enter the housing units. One resident did say a female staff did enter his area once and did announce "female on the unit", but as a general rule females do not enter housing units or areas where residents could be undressing, or using the toilet.

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.

This standard directs the facility to ensure that residents who are limited English proficient and residents with disabilities be afforded the same equal opportunities to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse or harassment.

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

The JRBH PREA Policy titled Residents with Disabilities/Limited English Proficiency Section II, E, 1-4 page 84 addresses the requirements of this standard. There exists an MOU with the International Language Center for the provision of interpretive services. There also exists an MOU with Male Thompson for interpretive services for limited English proficient residents and an MOU with Joellen Freeman, who is a speech therapist, for interpretive services if a resident has speech or hearing issues. There has been no occurrence where these services have been needed.

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)

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 standard directs the facility in hiring and promotional practices in regards to PREA.

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

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents. The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The JRBH is guided by PREA Policy titled Hiring and Promotions Section II, 1-11 page 84 and 85. Each applicant, be it a staff, contractor, or volunteer, is required to pass all criminal background checks, and clear the sexual abuse registry process, and the Louisiana Childrens Code Law requires this be done before being hired. The auditor viewed samples of these documents for staff and a volunteer and discussed this provision with the facility director. The applicant, contractor, or volunteer must also complete a self-disclosure checklist before being hired, some of which were viewed by the auditor. The facility exceeds this standard by requiring the criminal background records check and child registry checks be conducted annually rather than at five (5) year intervals.

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)

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.

This standard directs the facility when considering upgrades to its facility or technologies.

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may

enhance the agency's ability to protect residents from sexual abuse.

There have been no renovations completed at the JRBH in the last 12 months. There have been security cameras installed throughout the facility and its grounds. These footage of the cameras is capable of being saved for later viewing of up to 30 days. The JRBH PREA Policy titled Upgrades to Facilities and Technologies, Section II, G, 1-2 page 85 provides guidance to the facility to comply with the provisions of this standard. A contract was awarded for the installation of the new surveillance system that was put into place. These camera shots can be viewed in the administrator's office as well as the PREA Compliance Manager's Office and are available to the Compliance Manager and Facility Director's smart phones. It should also be noted this system records in high definition and there is a total of 10 cameras.

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)

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.

This standard directs the facility's evidence protocol and forensic medical examinations as it relates to PREA.

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C.

14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The requirements of this section shall also apply to:

- (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
- (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

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

The facility is guided through this standard by the JRBH PREA Policy titled Evidence Protocol and Forensic Medical Exams Section III, A, pages 1-6, page 85-86. The law of Louisiana requires that no victim or his family be charged for any of the PREA related services. There exists an MOU between the JRBH and the Ouachita Parish Coroner's Office for the provision of SAFE/SANE services and specifies that these services be performed at the St. Francis Medical Center Emergency Room. There also exists an MOU between the JRBH and the Wellspring Alliance for Families for rape crises services. There also exists an MOU between the JRBH and the Monroe Police Department to conduct all criminal investigations at the JRBH. The Louisiana Office of Juvenile Justice conducts all administrative investigations. The facility exceeds the requirements of this standard by having a qualified facility staff member who has been selected and trained to meet this requirement. The training was provided by the Sexual Trauma Awareness and Response Center and a certificate issued for the facility director, Matt Robinson, who completed a ten-hour course to meet this requirement.

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.

This standard directs the facility's efforts at referring allegations for investigations to an appropriate investigatory agency for all sexual abuse or harassment allegations.

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The JRBH PREA Policy titled Referrals of Allegations for Investigation Section III , B, 1-5 page 86 outlines how and to whom to refer allegations. Referrals of administrative investigations are made to the Louisiana Office of Juvenile Justice. All criminal investigations are referred to the Monroe Police Department. It is also possible for the Louisiana Department of Children and Family Services to investigate administrative investigations. The facility has copies of all referral notices in the event an allegation occurs. There have been no criminal investigations in the last 12 months. The facility maintains copies of all administrative investigative policies for all agencies that may conduct investigations at the JRBH, including the Louisiana Office of Juvenile Justice, the Monroe Police Department, and the Louisiana Department of Children and Family Services.

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.

This standard directs the facility in its efforts to train all facility staff in the PREA requirements.

The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents’ right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The JRBH PREA Policy titled Training and Education Section IV, A, 1-5 PAGE 86 directs the facility's training requirements for all employees. To date all employees of the JRBH have been trained and retrained in PREA. This was verified through staff interviews, and training record review. The facility director also verified in writing that all employees, contractors, and volunteers have been trained in the PREA requirements.

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.

This standard directs an agency's efforts to train volunteers and contractors in the PREA requirement.

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The JRBH PREA Policy titled Volunteer and Contractor Training Section IV, B, 1-4 page 87 directs the facility's practices in regard to training volunteers and contractors. An interview with a volunteer revealed he had been trained in PREA and had signed an acknowledgement form to this effect. All other volunteers have also received training in PREA and the auditor has reviewed these forms to verify compliance.

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.

This standard directs the facility to provide during the intake process for a resident that residents receive information regarding the facility's zero tolerance policy about sexual abuse and harassment and how to report sexual abuse and harassment.

During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding

sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency shall maintain documentation of resident participation in these education sessions. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The JRBH PREA Policy titled Resident Education Section IV, C, 1-4 page 87 sets forth the facility's effort to provide education and information regarding sexual abuse and harassment. On the day of intake each resident is provided information about sexual abuse and how to report any such occurrence. Within ten (10) days each resident views a power point presentation about PREA and how to report sexual abuse and harassment and all other items related to PREA education. The facility has posters in English and Spanish throughout the facility that have five ways to report sexual abuse or harassment. These and other PREA posters show who to call and what their addresses are and that these telephone numbers can be reached 24 hours a day for free. The facility also conducts PREA groups on a regular basis. Resident interviews confirmed their participation in these groups as well as receiving pamphlets, handbooks and the OJJ Safety Guide as part of the PREA process. Each resident signed an acknowledgement form verifying their receipt of this information.

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.

This standard directs the training requirements for investigators.

In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

All investigations are handled by one of three entities. The Monroe Police Department conducts all criminal investigations. The Louisiana Office of Juvenile Justice conducts administrative investigations as can the Department of Children and Family Services. The JRBH does not conduct any investigations on its own; therefore, this standard is non-applicable.

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.

This standard directs the facility to have each medical and mental health staff member go through additional specialized training beyond that given to all employees.

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

The JRBH PREA Policy titled Specialized Training for Medical/Mental Health Section IV, Section E, 1, page 87 directs that medical/mental health staff receive this training. There was one mental health staff person at the facility during the audit who fits this category. She has received specialized training from the National Institute of Corrections and this training has been verified by the auditor. The facility staff do not conduct forensic examinations. There exists an MOU with the Ouachita Parish Coroner's Office for SAFE/SANE (forensic exams) services at the St. Francis Medical Center Emergency Room. The interview with the one (1) mental health staff at the facility confirmed she had received specialized training in addition to the training given to all employees. The mental health staff also receives 20 hours of continuing education credits for sexual abuse and detection annually.

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.

This standard directs the facility's effort at gathering information within 72 hours of intake and periodically thereafter during confinement.

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Such assessments shall be conducted using an objective screening instrument.

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The JRBH PREA Policy titled Obtaining Information from Residents Section V, A, 1-15 page 88 sets forth these requirements be completed for each resident using an objective screening instrument. Completed risk assessments were reviewed by the auditor and found to be compliant with the standard. Facility policy also specifies who has access to the information gathered for the risk assessment. The availability of this information is limited to the PREA Coordinator, designated administrative staff, direct care supervisory staff and the mental health staff. The information on the risk assessment is gathered from each resident via conversations initiated during the intake process, medical and mental health screening, during classification assessments, and by reviewing court documents, case files, and behavior records.

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.

This standard sets forth guidelines for the use of screening information that is used in making housing, programming, bed, education, and work assignments.

The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: The basis for the facility’s concern for the resident’s safety; and the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford each resident described in this standard a review to determine whether there is a continuing need for separation from the general population.

The JRBH developed PREA Policy titled Placement of Residents and Other Related Activities Section V, B, 1-9 pages 88-89. The policy directs staff to complete the risk assessments and place the resident in the most suitable bed, as well as determine programming, education, work assignments, and housing and bed assignments. The facility does not use or have any restrictive housing units or rooms. There are no dedicated wings or housing units for transgender or intersex residents. If a transgender or intersex resident enters the program, their own views regarding their safety would be given full consideration in housing assignments, etc. He would also be allowed to shower separately. No resident is ever separated from the general population. If a transgender or intersex resident were involved in the program for six (6) months, any housing or other related decisions would be reviewed by staff and documented accordingly. To date, there have been no transgender or intersex residents.

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.

This standard directs the facility's on how residents are allowed to report sexual abuse and harassment.

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The facility shall provide residents with access to tools necessary to make a written report. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The JRBH PREA Policy titled Resident Reporting Section VI, A, 1-4 page 89 is compliant with the requirements of this standard. Residents are given handbooks, pamphlets, and are able to see posters throughout the housing units and facility that explain how and to whom to report any sexual abuse or harassment. Resident interviews confirmed they have received the PREA reporting methods and have received handbooks and observed the five ways to report posters throughout the facility. The JRBH has adopted five (5) ways a resident may report any sexual abuse or harassment including telling a staff member, filing a grievance, calling the PREA Hotline, calling the Wellspring Alliance for Families, or reporting it to family or friends (who may file a report on the resident's behalf). Staff interviews confirmed that they can make reports privately through the PREA Hotline, the Office of Juvenile Justice, the Department of Children and Family Services, as well as verbally through the staff's supervisor. Each staff member interviewed said they would make reports of sexual abuse or harassment immediately. The JRBH has not received any resident detained solely for civil immigration purposes, but has the necessary policy in place to ensure the resident's ability to communicate with Consular Officials

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.

This standard directs the facility's efforts in how residents may use the grievance system for PREA allegations.

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The agency shall ensure that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf. The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall

immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The JRBH is directed in its efforts to comply with this standard by adopting PREA Policy titled Exhaustion of Administrative Remedies Section VI, B, 1-15, page 89. This grievance process is also contained in the resident's handbook and is explained to them during the intake process. Residents acknowledged receiving this information by signing an acknowledgement form to that effect. Residents reported to the auditor that they were aware of their rights to file a PREA grievance at any time and without time constraints. Each resident explained that there is a metal locked box where grievances may be dropped. This box is checked daily by the PREA Compliance Manager or the Facility Director. To date, there have been no PREA grievances filed by or on behalf of residents. The facility mails the parents a letter explaining the PREA process and grievance procedure. The facility also has a third-party reporting form available. The facility's policy covers all aspects of this standard including all time frames specifically listed in the standard. Emergency grievances may also be filed by a resident with the expectation of the grievance receiving an initial response within 48 hours and being resolved within 5 days. There have been no emergency grievances filed.

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.

This standard directs the facility's effort at providing residents with access to support services and legal representation.

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The JRBH has a PREA Policy titled Resident Access to Outside Support Services Section VI, C, 1-4 pages 90-91. The facility has a MOU with the Wellspring Alliance for Families, a rape crises center, for support and counseling throughout a resident's treatment, if needed, after a sexual abuse incident. Residents reported, during interviews, that they were aware of these services being available and also that they understood that their communications with this group would remain private. Residents also reported to the auditor that they were allowed confidential contact with a lawyer and they were also allowed to see their parents on visitation days or special circumstances. In addition to posters on the wall, residents are given this type of information in a pamphlet and the resident handbook.

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.

This standard requires the facility to establish a third party reporting mechanism for sexual abuse or harassment.

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The JRBH has a PREA Policy titled Third-Party Reporting Section VI, D, 1 on page 91. The facility sends, to each parent, a letter explaining how the third-party reporting system works. The information is also posted in the facility's lobby area. There has been no third-party reporting of a sexual abuse or harassment.

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.

This standard requires the facility regarding staff and facility reporting duties.

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to the first paragraph of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. The facility shall report all allegations of sexual abuse and sexual harassment, including thirdparty and anonymous reports, to the facility's designated investigators.

The JRBH PREA Policy titled Staff and Agency Reporting Duties Section VII, A, 1-9 pages 91-92 details how the facility and its staff members, including mental health staff, will report any allegation of sexual abuse or harassment. Interviews with staff members and the Facility Director and PREA Compliance Manager indicated their requirement to report any sexual abuse or harassment to outside officials and the facility's Director and PREA Compliance Manager immediately. Facility staff are required to report any allegation to the Louisiana Department of Children and Family Services, Office of Juvenile Justice, and the Monroe Police Department immediately. This is normally done by the Facility Director or PREA Coordinator. Unless prohibited by law, the resident's parents are notified. If the resident is under the guardianship of the OJJ his case worker or probation office is notified within 24 hours. If the court maintains jurisdiction of the resident, they are notified within 14 days or earlier. An interview with a mental health staff member revealed her awareness to report any allegation to the Facility Director who then notifies the appropriate officials at the Department of Children and Family Services, the Office of Juvenile Justice and the Monroe Police Department.

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.

This standard addresses the agency's protection duties.

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The JRBH PREA Policy titled Agency Protection Duties Section VII, B, 1 page 92 requires the facility to protect a resident when the resident is at substantial risk of imminent sexual abuse and take immediate action to protect that resident. The facility has developed a first responder and coordinated response to sexual abuse procedures and utilizes a checklist form to ensure that all protections are afforded the resident. Each staff member carries a wallet card that outlines what the first responder is required to do including (1) separating the victim and abuser and notifying 911 if a medical emergency exists; (2) secure the scene to preserve evidence; (3) don't destroy any evidence; (4) 1st responder to call Monroe Police Department; (5) transport the victim to the St. Francis Medical Center Emergency Room; (6) contact the Wellspring Alliance for Families or Matt Robinson for needed support through the event; (7) remove the staff member, if he is accused of the abuse; (8) complete the PREA Critical Incident Report; (9) the administrator is to forward a copy of the report to the OJJ, DCFS, and the DCFS Licensing Office. There has been no resident subjected to imminent sexual abuse in the last 12 months or longer.

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.

This standard directs the facility to report any allegations received from a resident that may have occurred at another confinement facility.

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The JRBH PREA Policy titled Reporting to Other Confinement Facilities Section VII, C, 1-4 page 92 directs the Facility Director to notify another confinement facility within 72 hours if a resident alleges sexual abuse occurred at the other facility. The Facility Director said that he would treat the allegation as he would any other allegation and immediately report it to the OJJ and Monroe Police Department as well as notifying the head of the other confinement facility involved. Additionally, he said that the OJJ, and DCFS Offices would be notified. This event has not occurred at this facility in the last 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.

This standard directs the facility's first responders actions.

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The JRBH PREA Policy titled First Responder Duties Section VII, D & E pages 92-93 outlines what these duties are. Each staff member carries a wallet card that outlines what the first responder is required to do including (1) separating the victim and abuser and notifying 911 if a medical emergency exists; (2) secure the scene to preserve evidence; (3) don't destroy any evidence; (4) 1st responder to call Monroe Police Department; (5) transport the victim to the St. Francis Medical Center Emergency Room; (6) contact the Wellspring Alliance for Families or Matt Robinson for needed support through the event; (7) remove the staff member if he is accused of the abuse; (8) complete the PREA Critical Incident Report; (9) the administrator is to forward a copy of the report to the OJJ, DCFS, and the DCFS Licensing Office. There have been no sexual abuse allegations to date at this facility, thus there have been no needs for a first responder.

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.

This standard directs the facility to have a coordinated response plan for sexual abuse.

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The JRBH PREA Policy titled Coordinated Response Section VII, E, 1-9 page 92-93 outlines the facility's response among first responders, medical and mental health staff, investigators and facility leadership. The facility has developed a checklist to ensure that all coordinated duties are carried out. The JRBH also has an emergency plan that outlines the coordinated response. The facility director also indicated that the facility has conducted "mock" drills where this response is practiced. This is an especially critical review given the infrequency of sexual abuse and deserving of an exceeds rating for this standard.

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.

This standard is Not Applicable because there are no collective bargaining units operating at the JRBH.

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this standard shall restrict the entering into or renewal of agreements that govern: The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

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.

This standard directs the facility in its effort to protect residents and staff from retaliation.

The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The JRBH PREA Policy titled Agency Protection Against Retaliation Section VII, G, 1-7 pages 93-94 complies with the requirements of this standard. The PREA Compliance Manager said that he would monitor any potential retaliatory actions for as long as it takes exceeding 90 days if necessary. He said he monitors behaviors including any write-ups for disciplinary problems, and any other sign that something is wrong either with the staff person or resident. The PREA Compliance Manager also has developed a form to track any case of suspected retaliation. To date there has been no sexual abuse events where this type of tracking is necessary.

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.

This standard is Not Applicable because the facility does not have or use any type of restrictive housing.

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

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.

This standard directs the JRBH in regards to administrative and criminal investigations.

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The agency shall not terminate an investigation solely because the source of the allegation recants the allegation. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations: Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The JRBH does not conduct its own investigations. Administrative investigations are conducted by the Louisiana Office of Juvenile Justice. Criminal investigations are conducted by the Monroe Police Department. The Monroe P.D. has an MOU with the JRBH indicating it is in compliance with the investigative protocol established by the PREA. The OJJ also abide by the rules established by this standard. To date there have been no criminal investigations. There have been eight (8) sexual harassment allegations at the JRBH in the last 12 months. Seven (7) were unsubstantiated and one (1) was unfounded according to the PREA Compliance Manager. The JRBH is guided through an investigative process by its PREA Policy titled Criminal and Administrative Investigations Section VIII A, 1-9 page 94. It has all of components of this standard contained in this policy. The policy sets forth guidelines that each allegation is referred to the appropriate investigative body immediately. The first call made after an allegation is to the OJJ who will investigate the incident and, if criminal in nature, then the investigation is handled by the Monroe P.D. Each investigative entity issues a completed investigation report and forwards it to the JRBH. The PREA Compliance Manager is the person who ensures that reports are furnished and who remains in contact with the investigative entity. A review of each allegation is conducted by the JRBH staff to ensure compliance with PREA. A critical incident report is completed for each allegation according to documents reviewed at the JRBH.

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.

This standard is related to the evidentiary standard used for administrative investigations.

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The JRBH does not conduct administrative investigations therefore it is Not Applicable.

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.

This standard establishes the reporting process relating to the outcome of an investigation.

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The JRBH PREA Policy titled Reporting to Residents Section VIII, C, 1-6 page 95 outlines the facility's process of notifying a resident of the results of an investigation. The facility has a form specifically designed to record the investigative outcome. According to the PREA Compliance Manager, who is responsible for informing a resident of the outcome, no such investigations have been criminal; thus, no reports to residents have been generated.

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.

This standard directs the facility's efforts at disciplining staff who have violated the requirements of the PREA.

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility PREA Policy titled Disciplinary Sanctions for Staff Section VIII D, 1-4, page 95 sets forth the guidelines the facility uses in disciplining staff involving a PREA incident. The policy requires that any staff found guilty of sexual abuse will be terminated and reported to the Monroe P.D. If the charge is against a staff who is found to have engaged in sexual harassment, then the discipline shall be commensurate with the nature and circumstances of the act(s) committed and other factors of the employment history of the staff member. To date there has been no staff found to have committed sexual abuse or harassment against a resident according to the Facility Director.

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)
- 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.

This standard provides guidance to the facility as it relates to disciplinary sanctions against a contractor or volunteer.

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The JRBH PREA Policy Section VIII, E, 1-2 page 95 outlines the sanctions should a volunteer or contractor engage in sexual abuse or harassment of a resident. The policy states that if a contractor or volunteer engages in sexual activity with a resident, that person shall be terminated and not allowed any more contact at the facility. The policy further states that the Monroe P.D. will be notified of the abuse or harassment if it appears to be criminal in nature. There has been no example of this occurring at the JRBH according to the Facility Director.

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.

This standard directs the facility's disciplinary sanctions against residents for violation of sexual abuse or harassment of staff or a resident.

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

The JRBH PREA Policy titled Disciplinary Sanctions For Residents Section VIII, F, 1-7 page 96 outlines the interventions and sanctions that may be imposed on a resident who has engaged in resident-on-resident sexual abuse following a formal disciplinary hearing process. A resident's history of past, similar events and the resident's mental status are considered when deciding upon sanctions against a resident. The JRBH does not use or have restrictive housing for a resident, thus a resident would be allowed to have all rights to large muscle group activities as well as educational and programming activities. The mental health staff stated that should a resident commit sexual abuse, a follow-up meeting is offered with therapy, counseling, and or other interventions designed to correct the underlying reasons for the abuse. The facility does not deny access to any rewards-based programs or incentives as a condition to participate in counseling or other interventions. The policy also states that sex between residents is prohibited and subject to disciplinary action. The policy further states that a sexual abuse report, made in good faith based upon a reasonable belief that the allegation occurred, shall not constitute falsely reporting an incident even if the allegation turns out to not have occurred after an investigation. The Facility Director stated that should a resident present problems as a result of a substantiated sexual abuse allegation and there are no other alternatives available at the JRBH, then the resident could be referred to another facility.

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.

This standard directs the JRBH in regards to conducting medical and mental health screenings and history of sex abuse.

If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

The JRBH PREA Policy Section IX, A, 1-4 page 96 requires that a follow-up meeting with a medical or mental health practitioner is provided, within 14 days of arrival, to any residents who have reported prior victimization or prior abusiveness in a confinement or community setting. The mental health staff said that these meetings would occur with qualified staff at the JRBH within 14 days or less. A review of five (5) residents' case records revealed staff and counseling notes related to treating residents who have histories of sexual abusiveness against others. The notes confirm the initial meeting within 14 days. The mental health staff and intake officer said that informed consent for residents (who are minors) under 18 is to explain to the resident what the treatment entails before beginning treatment. If over 18, an informed consent form is signed by the resident.

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.

This standard directs the JRBH in providing access to emergency medical and mental health services.

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The JRBH PREA Policy Section IX, B, 1-4 pages 96-97 outlines how the facility responds to emergency medical and mental health of residents who have been the victim of sexual abuse. An MOU exists with the Ouachita Parish Coroner's Office that specifies that the St. Francis Medical Center Emergency Room be the location where emergency treatment of medical issues occur. There also exists an MOU with the Wellspring Alliance for Families for providing emotional support for victims. There also exists an MOU with Victoria Wallace, LCSW if a perpetrator is in need of emergency mental health services. The Facility Director is also available for providing emergency victim advocacy for residents. If, at the time of the incident, no qualified medical or mental health practitioner is on duty, the first responder shall take actions to protect the victim and shall immediately notify appropriate medical and mental health practitioners. Louisiana Law Act 229 dictates that if these types of services are rendered to a resident, it will be at no charge to himself or family. According to mental health staff interviews, residents would be offered information about sexually transmitted infections prophylaxis in a timely manner.

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.

This standard directs the facility's ongoing medical and mental health care for sexual abuse victims and abusers.

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from conduct specified in this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The JRBH PREA Policy Section IX, C, 1-6 page 97 sets forth the actions required of the facility, should a sexual abuse occur. It sets forth the facility's requirement to provide medical and mental health evaluations to each resident who is victimized while in the facility's care. Louisiana Law 229 provides that any treatment services provided a resident will be at no cost to him or his family. Residents are offered tests for sexually transmitted diseases by a community medical provider who is a physician or the St. Frances Medical Center Emergency Room. A mental health provider, either at the facility or under contract with the facility, shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and shall offer treatment when appropriate. The mental health provider stated that mental health services are consistent with the community level of care.

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.

This standard directs the facility's efforts at reviewing any sexual abuse incident that occurred at the facility.

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The JRBH PREA Policy titled Sexual Abuse Incident Review Section X, A, 1-6 page 97 outlines the procedures that guide the staff in its review of sexual abuse and harassment allegations. The JRBH has a debriefing form that is used to review all allegations except unfounded investigations. Each review will be completed within 30 days of the conclusion of the investigation and be staffed by the PREA Compliance Manager, the Facility Director, a Social Worker, and a direct care supervisor, any line staff that have additional information about the abuse, and if necessary, law enforcement officials as needed. The incident review form looks at several deciding factors when conducting this debriefing. The review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. A report of each debriefing shall be forwarded to the PREA Compliance Manager. There has been no sexual abuse at the JRBH in the last 12 months to warrant such a review.

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.

This standard guides the JRBH in its data collection efforts.

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The JRBH Policy titled Data Collection Section X, B, 1-7, page 98 outlines the process for data collection at the facility. The PREA Compliance Manager or the Administrative Assistant gathers and maintains all sexual abuse and harassment data. On an annual basis, the data is aggregated and a report issued. This data is used to document the answers to the most recent Survey Of Sexual Violence conducted by the U.S. Department of Justice. The facility does not contract with any other facilities to house residents. An annual report of the JRBH is maintained by the PREA Compliance Manager.

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.

This standard directs the facility efforts at reviewing data for corrective action.

The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: Identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. The agency’s report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The JRBH PREA Policy titled Data Review for Corrective Action Section X, C, 1-4 page 98 guides the facility in its compliance efforts to correct any issues identified in its annual report. The JRBH produces an annual report that records the results of investigations and any required plans of correction. The latest report for 2015 had eight (8) reviewable sexual harassment findings. Seven (7) findings were unsubstantiated and one (1) was labeled as being unfounded. As a result, there was no correction required as a result of these findings; however, the report did say that the facility must continue to educate residents and train staff continuously on the PREA requirements.

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.

This standard directs the JRBH in its efforts to comply with data storage, publication, and destruction of records related to PREA.

The agency shall ensure that data collected pursuant to § 115.387 are securely retained. The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The JRBH PREA Policy titled Data storage, Publication, and Destruction Section X, D, 1-4 page 98 sets forth the guidelines for storing its PREA related data and the policy also requires that this information be destroyed in 10 years. The JRBH does not maintain a website but its annual report is located in the lobby of the Big House at JRBH. The report does not contain any personal identifiers.

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.

Jeff Rogers

May 5, 2016

Auditor Signature

Date