

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report July 25, 2019

Auditor Information

Name: Robert B. Latham	Email: robertblatham@icloud.com
Company Name: Latham Corrections Consulting	
Mailing Address: 677 Idlewild Circle	City, State, Zip: Birmingham, Alabama, 35205
Telephone: 205-746-1905	Date of Facility Visit: June 6-7, 2019

Agency Information

Name of Agency Boys Village Foundation	Governing Authority or Parent Agency (If Applicable) N/A		
Physical Address: 7378 Highway 90 East	City, State, Zip: Lake Charles, Louisiana 70615		
Mailing Address: same as physical address	City, State, Zip: same as physical address		
Telephone: (337) 436-7553	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: "Our mission is to restore and preserve children and families socially, emotionally and spiritually by providing services and programs including supervision and guidance of such quality that youth with whom we work will share our vision and become a credit to themselves and society."			
Agency Website with PREA Information: http://www.ojj.la.gov/			

Agency Chief Executive Officer

Name: Edward Hebert	Title: President
Email: eddie@swlains.com	Telephone: (337) 526-7938

Agency-Wide PREA Coordinator

Name: Eric K. Daigle	Title: Quality Assurance Director / PREA
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	Coordinator
Email: eric.bgvillages@gmail.com	Telephone: (337) 436-7553
PREA Coordinator Reports to: Mayance J. Mathieu, Executive Director	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Boys Village	
Physical Address: 7378 Highway 90 East, Lake Charles, Louisiana 70615	
Mailing Address (if different than above): same as physical address	
Telephone Number: (337) 436-7553	
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention <input type="checkbox"/> Correction <input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other
Facility Mission: "Our mission is to restore and preserve children and families socially, emotionally and spiritually by providing services and programs including supervision and guidance of such quality that youth with whom we work will share our vision and become a credit to themselves and society."	
Facility Website with PREA Information: http://www.ojj.la.gov/	
Is this facility accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Facility Administrator/Superintendent

Name: Mayance J. Mathieu	Title: Executive Director
Email: bgvmax@hotmail.com	Telephone: (337) 436-7553

Facility PREA Compliance Manager

Name: Eric K. Daigle	Title: Quality Assurance Director / PREA Coordinator
Email: eric.bgvillages@gmail.com	Telephone: (337) 436-7553

Facility Health Service Administrator

Name: N/A	Title:
Email:	Telephone:

Facility Characteristics

Designated Facility Capacity: 36		Current Population of Facility: 29	
Number of residents admitted to facility during the past 12 months			109
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			109
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			109
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	12 - 17 years with certain stipulations for 18-20 in rare cases		
Average length of stay or time under supervision:			4 months
Facility Security Level:			Non-Secure
Resident Custody Levels:			Non-Secure
Number of staff currently employed by the facility who may have contact with residents:			34
Number of staff hired by the facility during the past 12 months who may have contact with residents:			13
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			10
Physical Plant			
Number of Buildings: 14		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		4	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Cameras are located throughout the facility and viewed on a monitor in the Pavilion. Boys Village has a total of 28 cameras. There are six (6) cameras in Hope Cottage, nine (9) cameras in Love Cottage, nine (9) cameras in Joy Cottage, four (4) external cameras, and zero (0) cameras in the school. All cameras are tied in to a digital video recorder which stores the recorded footage for approximately 4-6 weeks. All incidents within camera view are recorded.			
Medical			
Type of Medical Facility:		Local Hospital	
Forensic sexual assault medical exams are conducted at:		Lake Charles Memorial Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			10
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			0

Audit Findings

Audit Narrative

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

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of Boys Village was conducted June 6-7, 2019. The parent agency for Boys Village is the Boys Village Foundation. Boys Village is located at 7378 Highway 90 East, Lake Charles LA 70615. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. The facility contacted the auditor regarding the audit and a contract was agreed upon and signed October 25, 2018. There are no known existing conflicts of interest or barriers to completing the audit. This is the first audit for Boys Village for compliance with the PREA Juvenile Standards.

Audit Methodology Pre-Onsite Audit Phase

Prior to being onsite, the PREA Coordinator and the auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations. The PREA Coordinator was very receptive to the audit process and was well informed of the role of the auditor and the expectations during each stage of the PREA audit.

Notice of Audit Posting and Timeline

The audit notices were posted April 23, 2019. The notices were in English and Spanish. The audit notice was posted in color, using a large font and easy-to-read language, on colorful yellow paper. The audit notices were placed throughout the facility, in places visible to all residents and staff and in the front office where the public would be notified. Pictures of the posted audit notices were emailed to the auditor on April 24, 2019 for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The PAQ and supporting documentation was received May 11, 2019. The PREA Coordinator at first emailed the documentation on May 7, 2019 as a zip file, but the auditor was not able to view the files. The PAQ was completed on May 6, 2019 and the documentation was ultimately received on a flash drive. The documentation was well organized by standard. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined it to be well organized with minimal omitted documentation.

Requests of Facility Lists

Boys Village provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided by email one day prior to the onsite phase of the audit.
Youthful inmates/detainees	N/A (Boys Village does not accept youthful inmates/detainees.)
Residents with physical disabilities	None were identified.
Residents with cognitive disabilities	None were identified.
Residents who are Limited English Proficient	None were identified.
Lesbian, Gay, and Bisexual Residents	None were identified.
Transgender or Intersex Residents	None were identified.
Residents in segregated housing	N/A (Boys Village does not have segregated housing.)
Residents in isolation	None were identified or observed.
Residents who reported sexual abuse	None were identified.
Residents who reported sexual victimization during risk screening	None were identified.
Complete Staff Roster	The staff roster and schedule was provided by email one day prior to the onsite phase of the audit.
Specialized Staff	Specialized staff were identified on the roster.
All contractors who have contact with the residents	The facility identified contractors who have contact with the residents. The maintenance technician was present.
All volunteers who have contact with the residents	The facility has zero (0) volunteers.
All grievances/allegations made in the 12 months preceding the audit	4 grievances concerning allegations of sexual abuse and sexual harassment
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	10
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	10
All hotline calls made in the 12 months preceding the audit	0

External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reported no information for the past 12 months. https://justdetention.org/
Community Based Organizations (CBOs)	Oasis (Victim Advocacy) (337) 436-4552 https://oasisasafehaven.org/sexual-assault-program/

SAFE/SANE Programs	The auditor contacted the Southwest Louisiana SANE/SART Program Coordinator by telephone and confirmed availability of services at Lake Charles Memorial Hospital.
Local Hospital	Lake Charles Memorial Hospital https://www.lcmh.com/
The Louisiana Foundation Against Sexual Assault (LaFASA)	The auditor contacted the hotline at 1(888) 995-7273 http://lafasa.org/main/contact
Louisiana Office of Juvenile Justice Investigative Services Hotline	The auditor contacted the hotline at 1(800) 626-1430 https://ojj.la.gov/contact-us/

Research

- Article: "Lake Charles Boys Village employee arrested, charged with having relationship with juvenile resident"
<https://www.12newsnow.com/article/news/crime/lake-charles-boys-village-employee-arrested-charged-with-having-relationship-with-juvenile-resident/502-b13e1aa8-f8e0-47c0-b79a-569905b47f72>
- Louisiana Mandated Reporter Law
Louisiana's mandated reporters are required by Louisiana Children's Code Title VI, Article 603 to report suspected child abuse or neglect. Those who are considered mandated reporters are:
 - Health practitioners
 - Mental health/social service practitioners
 - Members of the clergy
 - Teaching or childcare providers
 - Police officers and law enforcement officials
 - Commercial film and photographic print processors
 - Mediators
 - Court-appointed special advocates (CASA)
 - Organizational or youth activity providers and
 - Coaches
 - "When a mandated reporter has cause to believe a child is being abused or neglected, it is their legal obligation to report their suspicions immediately," said Sonnier.
 - Louisiana Criminal Code (Article R.S. 14:403) states that any person required to make a report of child abuse who knowingly and willingly fails to do so will be guilty of a misdemeanor and upon conviction will be imprisoned up to six months, fined up to \$500, or both. Any person who is required to report the sexual abuse of a child, or the abuse or neglect of a child which results in the serious bodily injury, neurological impairment, or death of the child, and the person knowingly and willfully fails to so report will be imprisoned up to three years, fined up to \$3,000, or both.
 - Anyone can report child abuse or neglect by calling the statewide, toll-free hotline 1-855-4LA-KIDS (1-855-452-5437). For more information about reporting child abuse or neglect in Louisiana and mandated reporters, visit www.dcf.la.gov/ReportChildAbuse.

Onsite Audit Phase

Entrance briefing

An entrance briefing was held with the Executive Director and Quality Assurance Director/PREA Coordinator. Introductions were made, the agenda for the two days was discussed, and the auditor and PREA Coordinator began a thorough review of the policies and supporting documentation. Staff interviews followed and the site review was held the morning of day two.

Site review

The PREA Coordinator coordinated the site review. The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. There are four (4) living units: Joy, Hope, Love, and Peace Cottages. Peace Cottage is closed for renovations. The auditor reviewed the training center (area for family visitation, group therapy and presentations), gymnasium, classrooms, kitchen/dining room, and staff offices. On both days of the onsite audit the population of the facility was twenty-eight (28) juveniles.

Processes and areas observed

The auditor observed a mock intake and risk screening to better understand the process. The case manager demonstrated how the PREA PowerPoint is shown to the youth and they are given a copy. She covers each slide and stresses the zero-tolerance policy toward sexual abuse and sexual harassment. Each youth is given a handout with contact information for reporting sexual abuse and sexual harassment. Grievance boxes are in each of the housing units. The grievance forms are located next to the locked grievance boxes. The grievance boxes are checked daily.

The PREA Coordinator described the showering process, pointed out the location of the cameras and PREA posters with telephone numbers for reporting sexual abuse and sexual harassment. The PREA posters are prominently placed in the housing areas and common areas. Staff first responder posters and SANE call schedules were posted in the cottage staff office.

Specific area observations

Cameras were located throughout the facility. The auditor observed the toilet and shower areas are out of view of the cameras. Wherever residents were present, the auditor observed staff actively supervising the residents. There are 28 cameras. Staff supervision and the video surveillance system mitigate blind spots.

Exit debriefing

An exit briefing was held with the Executive Director, PREA Coordinator, and Clinical Director. The auditor discussed the onsite audit. The auditor discussed two areas of concern.

§ 115.311

The facility doesn't document in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees that they are asking all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of the standard. The facility agreed to address this as a corrective action.

§ 115.353

Resident interviews revealed youth did not have a good knowledge of outside support service and availability of telephones for reporting sexual abuse and sexual harassment. Although this information is provided to the residents through education, PREA pamphlets and PREA posters, the facility agreed

to emphasize this information by providing a refresher for currently detained youth and providing quarterly trainings with the Louisiana Department of Juvenile Justice (OJJ) Sexual Assault Response Team (SART).

Interview Logistics

Location and Privacy

Most of the interviews were held in a conference room that provided privacy was centrally located to minimize disruption of daily activities and programing. Some interviews were held in the living units in areas that provided privacy for staff and youth. Additionally, three (3) informal juvenile interviews were held during the site review.

Selection Process

Specialized staff were selected based on their respective duties in the facility. Twelve (12) direct care workers, randomly selected every shift, were interviewed using the random staff interview protocol. Ten (10) residents, randomly selected from each housing unit, were interviewed using the random resident interview questionnaire. The resident population was twenty-eight (28) on the first day of the audit. There were zero (0) target interviews identified or discovered through interviews.

Interview Protocols	Number of Interviews
Administration and Agency Leadership	
Agency Head Designee (Executive Director)	1
Facility Director Designee (Director of Operations)	1
PREA Coordinator / PREA Compliance Manager	1
Specialized Staff	
Medical Staff	No medical staff
Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches	N/A
Administrative (Human Resources) Staff	1
Agency Contract Administrator	Single facility agency
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	1
Investigative Staff	No investigative staff
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation (no isolation)	No isolation
Staff on the Incident Review Team	1
Designated Staff Charged with Monitoring Retaliation	1
Security First Responders (Direct Care Workers)	1
Non-Security Staff First Responders	1
Intake Staff	1
Random Sample of Staff	
First Shift	7
Second Shift	3
Split Shift	2
Total Random Sample of Staff	12
Volunteers Contractors who have Contact with Residents	
Volunteers	No volunteers

Contractors	1
Residents	
Random Sample of Residents from all Housing Units	10
Targeted Residents	
Residents who Reported a Sexual Abuse	None identified
Residents with Cognitive Disabilities	
Residents with Physical Disabilities	None identified
Limited English Proficient Residents	None identified
Gay, Lesbian, and Bisexual Residents	None identified
Transgendered and Intersex Residents	None identified
Residents in Isolation	None identified
Residents who Disclosed Prior Sexual Victimization During Risk Screening	None identified
Interview Totals	
Total Number of Staff Interviews	26
Total Number of Resident Interviews	10
Total Number of Interviews	36

Interviewed Residents Length of Time at Facility

Days or Months	Number of Residents
1 Day to 31 Days	2
32 Days to 6 Months	8
7 Months to 12 Months	0
13 Months Plus	0
Total	10

Records Review

Name of Record	Total Records Reviewed
Personnel Records	18
Volunteers and Contractors Files/Documentation	10
Staff Training Files/Documentation/Records	18
Resident Records	10 youth interviewed; 12 for the past 12 months
Medical/Mental Health Records and Documentation for Victims	N/A
Grievance Forms (Sexual Abuse and Sexual Harassment)	4
All Incident Reports (Sexual Abuse and Sexual Harassment)	10
Investigation Records (Sexual Abuse and Sexual Harassment)	Louisiana OJJ Investigative Services and Calcasieu Sheriff's Office

Investigative Files

Youth-on-Youth Sexual Victimization	Substantiated	Unsubstantiated	Unfounded
Nonconsensual Sexual Acts	0	0	0
Abusive Sexual Contact	0	2	0
Sexual Harassment	0	2	5
Staff-on-Youth Sexual Abuse			
Staff Sexual Misconduct	1	0	0

Staff Sexual Harassment	0	0	0
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Reporting Method	Sexual Abuse		Sexual Harassment	
	Youth-on-Youth	Staff-on-Youth	Youth-on-Youth	Staff-on-Youth
Hotline	0	0	0	0
Grievance	2	0	2	0
Verbal Report	1	0	2	0
Anonymous	0	0	0	0
Third Party	1	1	0	0
Reports by Staff	0	0	1	0

Facility Characteristics

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

Characteristics Related to PREA and Sexual Safety

Introduction	
Parent Agency	Boys Village Foundation
Facility Name Information	Boys Village
Contracting Organization	Louisiana Department of Juvenile Justice (OJJ)
Licensing Organization	Louisiana Department of Children and Families Services (DFCS)
Accrediting Organization	American Correctional Association (ACA)
Facility Address	7378 Highway 90 East, Lake Charles LA 70615
Age of Facility	The facility was built in 1951.
Total Facility Rated Capacity	36
Resident Population Size and Makeup	
Average daily population in the last 12 months	29
Actual population on day 1 of the onsite portion of the audit	28
Population Gender	Male
Population Ethnicity	Multiethnic
Length of Stay	4 months
Staff Size and Makeup	
Total Staff Size	36
Number of Security Staff (direct care)	25
Types of Supervision Practiced	Direct Supervision
Number of Volunteers who may have contact with residents	0
Number of Contractors who may have contact	10

with residents	
Number of Interns who may have contact with residents	0
Number and Type of Housing Units	
Number of single-occupancy cells	0
Number of double-occupancy cells	18
Number of open-bay dorms	0
Number of segregation/isolation units	0
Number of medical units	0
Number of closed units	1
Type of Supervision (direct or indirect)	Direct
Video Monitoring	28 cameras

Facility Operations

Physical Plant Description

Boys and Girls Villages Foundation is a non-profit organization devoted to helping at-risk youth grow to become productive members of their communities. The facility is located in Lake Charles, LA, and is licensed through the Louisiana Department of Children and Family Services (DCFS) as a non-secure non-medical juvenile residential facility. The facility is also accredited by the American Correctional Association. Boys Village holds a contract with the Louisiana Office of Juvenile Justice to serve as a non-secure placement site for adjudicated youth from all across the state of Louisiana. The facility also works with Louisiana DCFS on a case-by-case basis to serve as a potential placement site for children in foster care. Private placements may also be accepted under special circumstances and at the discretion of the executive director and clinical director.

Boys Village serves male youth from the ages of twelve (12) to seventeen (17), with a current licensed total capacity of thirty-six (36) residents. The residents are housed in three separate cottages, each with a maximum capacity of twelve (12) residents. Members of the direct care staff are present to monitor the residents at all times in accordance with DCFS Licensing standards. A fourth cottage is currently being renovated to expand the total residential capacity of the facility.

Services Available

A school is on campus to provide educational services to residents in conjunction with the Calcasieu Parish School Board. Residents of Boys Village participate in the Success at Six program, a six-month program designed to track and modify behaviors by way of a level system. Residents also take part in various activities mandated by OJJ/DCFS as part of their individual service plans. These activities include, but are not limited to individual/group counseling, family counseling, addiction counseling/rehabilitation, sex offender counseling/rehabilitation, and community service. Boys Village provides many of these services as part of the program, but the facility also holds service agreements with local community organizations to provide outside services as needed.

Notable Aspects Regarding Sexual Safety at Boys Village

- Boys Village performs staff criminal background checks annually.
- Boys Village requires annual staff and contractor PREA Training.
- Boys Village maintains ratios of 1:6 during waking hours 1:12 during sleeping hours.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 4

Standard 115.313 Supervision and monitoring
Standard 115.321 Evidence protocol and forensic medical examinations
Standard 115.331 Employee training
Standard 115.351 Resident reporting

Number of Standards Met: 39

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Standard 115.312 Contracting with other entities for the confinement of residents
Standard 115.315 Limits to cross-gender viewing and searches
Standard 115.316 Residents with disabilities and residents who are limited English proficient
Standard 115.317 Hiring and promotion decisions
Standard 115.318 Upgrades to facilities and technologies
Standard 115.322 Policies to ensure referrals of allegations for investigations
Standard 115.332 Volunteer and contractor training
Standard 115.333 Resident education
Standard 115.334 Specialized training: Investigations
Standard 115.335 Specialized training: Medical and mental health care
Standard 115.341 Screening for risk of victimization and abusiveness
Standard 115.342 Use of screening information
Standard 115.351 Resident reporting
Standard 115.352 Exhaustion of administrative remedies
Standard 115.353 Resident access to outside confidential support services
Standard 115.354 Third-party reporting
Standard 115.361 Staff and agency reporting duties
Standard 115.362 Agency protection duties
Standard 115.363 Reporting to other confinement facilities
Standard 115.364 Staff first responder duties
Standard 115.365 Coordinated response
Standard 115.366 Preservation of ability to protect residents from contact with abusers
Standard 115.367 Agency protection against retaliation
Standard 115.368 Post-allegation protective custody
Standard 115.371 Criminal and administrative agency investigations
Standard 115.372 Evidentiary standard for administrative investigations
Standard 115.373 Reporting to residents
Standard 115.376 Disciplinary sanctions for staff

Standard 115.377 Corrective action for contractors and volunteers
Standard 115.378 Disciplinary sanctions for residents
Standard 115.381 Medical and mental health screenings; history of sexual abuse
Standard 115.382 Access to emergency medical and mental health services
Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
Standard 115.386 Sexual abuse incident reviews
Standard 115.387 Data collection
Standard 115.388 Data review for corrective action
Standard 115.389 Data storage, publication, and destruction
Standard 115.401 Frequency and scope of audits
Standard 115.403 Audit contents and findings

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

Standard 115.317 (f)

Corrective action was required. Boys Village was not asking applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Boys Village revised the PREA Policy and Procedures Implementation Plan to include the standard provision. The facility developed a form, the PREA Employment/Appraisal Questionnaire, and all current employees completed the questionnaire. The revised Boys Village PREA Policy and Procedures Implementation Plan and copies of the PREA Employment/Appraisal Questionnaire were provided to the auditor for verification.

Standard 115.353 (a)

Corrective action was required. Some residents interviewed were less aware of services available outside of the facility for dealing with sexual abuse. The facility provided the residents refresher education on these services on July 10, 2019 and emailed the training logs to the auditor July 12, 2019 to verify the refresher education was completed.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

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

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.311

(a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

(b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

(c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Boys Village Organizational Chart
- PREA: Coordinators' Roles and Responsibilities NIC Certificate (*April 1, 2019*)

Interviews

- PREA Coordinator
The Boys Village PREA Coordinator confirmed he has sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA Juvenile Standards.

Conclusion:

(a) The Boys Village PREA Policy and Procedures Implementation Plan mandates a zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct.

(b) Boys Village has designated the compliance manager as the PREA Coordinator. The interview confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

(c) Boys Village operates as a single facility agency.

Based upon review and analysis of the available evidence, the auditor has determined Boys Village meets this standard requiring a zero tolerance of sexual abuse and sexual harassment and designation of a PREA Coordinator. No corrective action is required.

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.312

(a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Contract with the Louisiana Office of Juvenile Justice

PAQ Assertion

- The facility reported the number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA was zero (0).

Conclusion:

(a) Boys Village holds a contract with the Louisiana Office of Juvenile Justice to serve as a non-secure placement site for adjudicated youth from all across the state of Louisiana. Boys Village does not contract with private agencies or other entities for the confinement of residents.

(b) The Louisiana Office of Juvenile Justice contract provides for monitoring to ensure that Boys Village is complying with the PREA standards.

Based upon the review and analysis of the available evidence, the auditor confirmed Boys Village is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

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

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.313

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

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

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

(c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation,

or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

(d) 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.

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Staffing Plan Development Meeting Minutes (*March 14, 2019*)
- Boys Village Staffing Plan (*April 1, 2019*)
- Transfer Logs (ratios by shift)
- Supervisory Monitoring Logs (unannounced rounds)

PAQ Assertions

- Since the last PREA audit the average daily number of residents reported was twenty-nine (29).
- Since the last PREA audit the average daily number of residents on which the staffing plan was predicated reported was thirty-six (36).

Interviews

- Superintendent Designee

The Director of Operations confirmed Boys Village regularly develops a staffing plan. Adequate staffing levels to protect residents against sexual abuse are considered in the plan. Video monitoring is part of the plan. Assessments of the facility staffing plan will occur annually and consider all factors required by the standard. He checks for compliance with the staffing plan through reviewing transfer logs. He reported the facility has not deviated from the staffing plan during the past 12 months, but would document deviations if they were to occur. He confirmed ratios are 1:6 during resident waking hours and 1:12 during resident sleeping hours.

- PREA Coordinator

The PREA Coordinator confirmed being consulted regarding any assessments of, or adjustments to, the staffing plan for Boys Village. He confirmed the initial staffing plan was implemented April 1, 2019. Assessments of the facility staffing plan will occur annually and consider all factors required by the standard.

- Intermediate or Higher-Level Facility Staff

The interview with a Shift Supervisor confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur. She stated the only people that know they are occurring are the director of operations and the shift supervisors.

Conclusion:

(a) Boys Village has developed, implemented, and documented an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The initial staffing plan was implemented April 1, 2019 and a copy was provided to the auditor for review. All elements of the standard provision are included in the staffing plan.

(b) Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan. Transfer logs and the PAQ confirmed the facility had no deviations from the staffing plan during the past 12 months.

(c) Boys Village is a non-secure facility. The facility is licensed through the Louisiana Department of Children and Family Services (DCFS) as a non-secure, non-medical juvenile residential facility and holds a contract with the Louisiana Office of Juvenile Justice (OJJ) to serve as a non-secure placement site for adjudicated youth. Although the facility is non-secure, the facility maintains ratios of 1:6 during resident waking hours and 1:12 during resident sleeping hours.

(d) The initial staffing plan was implemented April 1, 2019. Policy states the staffing plan will be reviewed at least annually, or whenever necessary, by a panel of facility administrators including the Executive Director, Director of Operations, Clinical Director, Personnel Director, and Case Managers in collaboration with the PREA Coordinator/Quality Assurance Director. The staffing plan will also be provided to the PREA Coordinator at least annually. The staffing plan review will be documented and recommendations for modification to the staffing plan will be implemented as applicable and appropriate. For compliance with PREA, the staffing plan review must consider: prevailing staffing patterns; additional deployments of video monitoring systems and other monitoring technologies; additional resources the facility has available to commit to ensure adherence to the staffing plan; modifications made from incident review recommendations; and any other changes made or that are necessary.

(e) The Director of Operations and Shift Supervisors conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds cover all shifts and all areas of the facility. At least one unannounced round per shift must be conducted each month. Staff are prohibited from alerting other staff of such rounds. Unannounced rounds are documented using the Supervisory Monitoring Log. The facility provided copies of the logs for the past 12 months, demonstrating compliance with facility policy and this standard provision.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding supervision and monitoring. The non-secure facility maintains ratios that exceed the requirements of secure facilities. No corrective action is required.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.315

(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

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

(c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

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

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

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Memorandum Re: cross-gender viewing (*May 3, 2019*)

Training

- Guidance in Cross-Gender and Transgender Pat Searches (Facilitator Guide) - The Moss Group, Inc.
- Guidance in Cross-Gender and Transgender Pat Searches PowerPoint - The Moss Group, Inc.
- Training Logs (2017, 2018 and 2019)

PAQ Assertions

- The facility reported the number of cross-gender strip or cross gender visual body cavity searches of residents in the past 12 months was zero (0).
- The facility reported the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff in the past 12 months was zero (0).
- The facility reported the number of cross-gender pat-down in the past 12 months was zero (0).
- The facility reported the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s) in the past 12 months was zero (0).
- The facility reported the number of searches or physical examinations of transgender or intersex residents for the sole purpose of determining the resident's genital status in the past 12 months was zero (0).

Interviews

- Random Sample of Staff

Staff interviewed confirmed staff are restricted from conducting cross-gender pat-down searches of the residents. All staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status. All staff interviewed confirmed they announce their presence when entering a housing unit of the opposite gender. The female staff stated they do not enter the residents' rooms. They knock on the door frame to communicate with the residents. All staff

interviewed confirmed residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

- **Random Sample of Residents**

Residents interviewed confirmed staff announce their presence when entering the housing area or any area where residents of the opposite gender shower, change clothes, or perform bodily functions. All residents interviewed stated staff of the opposite gender have never performed a pat down search of their body. All residents interviewed stated they are never naked in full view of staff of the opposite gender.

- **Transgendered and Intersex Residents**

No residents identified as transgender male, transgender female or intersex during the on-site audit.

Conclusion:

(a) Policy states strip searches may be conducted only in special circumstances, and only if authorized by the Executive Director. Boys Village will not conduct body cavity searches or cross-gender strip searches on any youth under any circumstances. The PAQ and resident and staff interviews corroborate no cross-gender strip searches or cross-gender visual body cavity searches have occurred in the past 12 months.

(b) Policy states pat-down searches may be used in situations where a client is suspected of carrying weapons or contraband. All cross-gender searches will be conducted only in exigent circumstances. The PAQ and resident and staff interviews corroborate no cross-gender pat-down searches have occurred in the past 12 months.

(c) Policy states Boys Village shall document and justify all cross-gender searches on an Unusual Occurrence Report.

(d) Policy states all residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing private body parts, except in exigent circumstances, or when such viewing is incidental to routine room checks.

Unless there is an exigent circumstance, staff of the opposite gender entering a resident's bedroom will announce their presence. This includes areas where youth are likely to be showering, performing bodily functions, or changing clothes. Staff will document on an Unusual Occurrence Report and the cottage log if an exigent circumstance occurred. The PAQ and a memorandum provided to the auditor stated there were no exigent circumstances requiring cross-gender viewing in the past 12 months.

(e) Policy states staff 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 by the community medical staff. The PAQ states there were no searches of this manner in the past 12 months.

(f) Policy states staff will be trained to conduct pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility provided the auditor with staff training logs and the training curriculum developed by The Moss Group, Inc.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.316

(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

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

(c) The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Memorandum Re: providing 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
- MOU: McNeese State University Department of English and Foreign Languages (*May 6, 2019*)
- Agreement for Sign Language Interpreting Services with the Southwest Louisiana Independence Center (SLIC) (*April 24, 2019*)

PAQ Assertion

- In the past 12 months, there were zero (0) reported instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

Interviews

- Agency Head Designee

The Executive Director confirmed Boys Village has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

- **Disabled and Limited English Proficient Residents**

No residents were identified as having a disability or being limited English proficient during the on-site audit.

- **Random Sample of Staff**

Staff interviewed confirmed the agency does not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. No staff interviewed had knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion:

(a) Policy states Boys Village will ensure that residents who are admitted with disabilities (physical or mental) will be instructed on Boys Village's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by providing translated copies of resident's rights, grievance procedures, PREA Policy and PREA Pamphlets addressing zero tolerance.

Residents with disabilities are afforded the same rights as those without. In these special cases, they are provided with access to interpreters/aids who can effectively communicate with residents who have intellectual disabilities, limited reading skills, and vision or hearing impairments.

Boys Village has an agreement for sign language interpreting services with the Southwest Louisiana Independence Center (SLIC). The facility provided a memorandum stating, "in the event that a resident may have limited reading skills or vision deficiencies, case managers verbally review PREA protocol during intake for all new residents."

(b) Residents have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Boys village has a memorandum of understanding with the McNeese State University Department of English and Foreign Languages.

(c) Residents may not serve as interpreters, readers or assistants to other residents except in circumstances where a delay in obtaining an effective interpreter would compromise the resident's safety or the performance of first responder duties. The PAQ and staff interviews confirmed there were no instances where resident interpreters, readers, or other types of resident assistants have been used in the past 12 months.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English proficient. No corrective action is required.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior

institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

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

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

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

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.317

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

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

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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

(c) 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.

(d) 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.

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

(f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

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

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Background Checks
- RS 46:1414.1 - Disclosure requirements; penalties (CANS)
- PREA Employment/Appraisal Questionnaire

PAQ Assertions

- The facility reported the number of persons hired who may have contact with residents who have had criminal background record checks in the past 12 months was twenty-seven (27).
- The facility reported the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents in the past 12 months was ten (10).

Interview

- Administrative (Human Resources) Staff
The interview with the Director of Operations confirmed Boys Village complies with all requirements of the standard with the exception of asking all applicants and employees who may have contact with residents directly about previous misconduct at hire, promotions, and during any interviews or written self-evaluations conducted as part of reviews of current employees.

Conclusion:

(a) Boys Village policy states the facility shall not hire or promote anyone, nor enlist the services of any person or contractor who may have contact with residents who meets any of the following criteria: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or program; 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; has been civilly or administratively adjudicated to have engaged in the aforementioned offenses.

(b) Boys Village policy states the facility considers any incidents of sexual harassment in the hiring, promotion, and evaluation of employees, or when enlisting the services of any contractor who may have contact with the residents. This is accomplished through the use of a questionnaire, as well as background checks, reference checks, and criminal checks. The PAQ and interview with the Director of Operations confirmed this provision is followed.

(c & d) Boys Village policy follows the Louisiana DCFS Licensing Standards regarding hiring and employment practices. Background checks are conducted on all new applicants, contractors and volunteers prior to having contact with residents at the facility.

In accordance with RS 46:1414.1, an inquiry of the Louisiana central registry (CANS) for all staff (employees, contractors and volunteers) shall be conducted prior to employment being offered to a potential hire or volunteer services provided. For staff persons who have resided in another state within the proceeding five years, the provider shall request a check and obtain information from that state's child abuse and neglect registry. State central registry clearances shall be dated no earlier than 45 days prior to the staff being present on the premises or having access to children/youth. The prospective staff shall complete, sign, and date the state central registry disclosure form and submit the disclosure form to the personnel director for submission.

Consistent with Federal, State, and local law, Boy's Village makes 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 PAQ, interview with the Director of Operations, review of background checks, and review of CANS checks confirmed these provisions are being followed.

(e) Louisiana Office of Juvenile Justice mandates that all current employees, contractors and volunteers must have their background checks renewed on an annual basis. The interview with the Director of Operations and review of annual background checks confirmed this provision is followed.

(f) Boys Village revised policy requires that all applicants and employees who may have contact with residents are asked directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Employees have a continuing duty to disclose any such misconduct. After corrective action, these questions concerning previous misconduct are being documented with the PREA Employment/Appraisal Questionnaire.

Corrective action was required. Boys Village was not asking applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Boys Village revised the PREA Policy and Procedures Implementation Plan to include the standard provision. The facility developed a form, the PREA Employment/Appraisal Questionnaire, and all current employees completed the questionnaire. The revised Boys Village PREA Policy and Procedures Implementation Plan and copies of the PREA Employment/Appraisal Questionnaire were provided to the auditor for verification.

(g) Material omissions or providing materially false information shall be grounds for administrative action, up to and including termination. The PAQ and interview with the Director of Operations confirmed this provision is followed.

(h) Boys Village policy states employees designated to respond to requests from an institutional employer for whom a former employee has applied to work, shall provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee. The interview with the Director of Operations confirmed this provision is followed.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action has been completed.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.318

(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village

PAQ Assertions

- The facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012.
- The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

Interviews

- Agency Head Designee

The interview with the Executive Director revealed the agency considers the effects of facility design, renovations, modifications and expansion on the agency's ability to protect residents from sexual abuse.

- Superintendent Designee

The Director of Operations confirmed no substantial expansions or modifications have been made since August 20, 2012. Additional cameras were added since August 20, 2012.

Observations during onsite review of facility

- The auditor observed the video monitoring system. There are six (6) cameras in Hope Cottage, nine (9) cameras in Love Cottage, nine (9) cameras in Joy Cottage, four (4) external cameras, and zero (0) cameras in the school. All cameras are tied in to a digital video recorder which stores the recorded footage for approximately 4-6 weeks.

Conclusion:

(a) Boys Village has not experienced any substantial expansions or modifications since August 20, 2012. If the facility were to do so, policy states whenever Boys Village makes a substantial expansion to the current 36-bed facility, considerations for safeguarding the residents from sexual abuse or harassment will be of paramount importance. It is essential that all renovation plans facilitate direct contact between youth and staff to serve as a buffer against possible sexual abuse.

(b) Additional cameras were added since August 20, 2012. Boys Village currently employs video surveillance and an effort is being made to expand surveillance coverage into other areas of the facility. Additionally, a new/updated/expanded video monitoring or electronic surveillance system will also be taken into consideration to further safeguard against the sexual abuse or sexual harassment of the residents.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

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

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.321

(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

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

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

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

(g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

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

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

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)
- Louisiana Office of Juvenile Justice Policy A.1.4: Investigative Services (*June 3, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- MOU: Calcasieu Parish Sheriff's Office (*May 6, 2019*)
- MOU: Lake Charles Memorial Hospital (*April 29, 2019*)
- Southwest Louisiana Sexual Assault Nurse Examiner/Sexual Assault Resource Team Program
- LPC Certification (qualified agency staff member) (*Renewal Date June 30, 2021*)
- Service Delivery Agreement: Oasis (victim advocacy) (*August 28, 2018*)

PAQ Assertions

- The facility reported forensic medical exams conducted in the past 12 months was zero (0).
- The facility reported exams performed by SANES/SAFEs in the past 12 months was zero (0).
- The facility reported exams performed by a qualified medical practitioner in the past 12 months was zero (0).

Interviews

- PREA Coordinator

The PREA Coordinator confirmed a qualified victim advocate would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Advocates are available through and MOU with Oasis and a qualified Boys Village staff member.

- Random Sample of Staff

Staff interviewed stated they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Staff confirmed the Louisiana OJJ Investigative Services and the Calcasieu Sheriff's Office are responsible for conducting sexual abuse investigations.

- SAFEs/SANEs

The auditor contacted the SWLA SANE/SART Program Coordinator and confirmed the availability of a SANE through Lake Charles Memorial Hospital.

- Residents who Reported a Sexual Abuse

There were no residents who reported sexual abuse present during the on-site audit.

Conclusion:

(a & b) Boys Village is not responsible for investigating allegations of sexual abuse. These investigations are completed by the Louisiana Office of Juvenile Justice Special Investigators and Calcasieu Parish Sheriff's Office. Boys Village has a MOU with the Calcasieu Parish Sheriff's Office that requests compliance with the provisions of standards 115.321, 115.322, 115.334, 115.371, and 115.372. The auditor reviewed the OJJ Investigative Services policy. The auditor also reviewed the MOU with the Calcasieu Parish Sheriff's Office and determined it to be inclusive of the standard requirements.

(c) Boys Village has a MOU with Lake Charles Memorial Hospital and a SANE/SAFE is available through the Southwest Louisiana Sexual Assault Nurse Examiner/Sexual Assault Resource Team Program. Email correspondence between the Boys Village PREA Coordinator and the SWLA SANE/SART Program Coordinator confirmed SANEs are available 24 hours a day, 365 days a year to perform forensic medical examinations on persons of all ages reporting sexual assault. Additionally the email correspondence established Louisiana Law (ACT 229) says that costs for services can be sent to the Louisiana Crime Victims Reparations (CVR). If the patient has Medicaid or Medicare or Tricare the costs can be billed directly to those entities, but not the patient.

The auditor is including the following important information derived through research:

The Southwest Louisiana Sexual Assault Nurse Examiner/Sexual Assault Resource Team Program (SANE/SART) is a program funded by a cooperative endeavor initiated by the Calcasieu Parish District Attorney's Office and participating agencies.

The mission of the Southwest Louisiana Sexual Assault Nurse Examiner (SANE) Program is to meet the needs of the sexual assault victim. The program will provide immediate, unbiased, compassionate, and comprehensive forensic evaluation and treatment by trained, professional nurse experts within the parameters of the State Nurse Practice Act, the SANE Standards of the International Association of Forensic Nurses, and agreement with the participating multi-disciplinary agencies.

This program is geared toward victims of sexual assault in the need of a forensic evaluation and medical care. This care includes crisis intervention, evaluation and treatment of sexually transmitted diseases, evaluation for the risk of pregnancy, documentation and intervention of injuries, as well as referral for follow up care and counseling. Ultimately the program will assure the victim entrance into support systems and enhance the ability of law enforcement agencies to obtain evidence and successfully prosecute offenders in sexual assault cases.

The auditor interviewed the SWLA SANE/SART Program Coordinator by phone and confirmed availability of these services.

(d & e) Boys Village has an MOU with Oasis for victim advocacy as well as a qualified staff member that can accompany and support a victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

The auditor reviewed the MOU with Oasis, contacted the Oasis Director by phone to confirm availability of services, and reviewed the LPC Certification for the qualified Boys Village staff member.

(f) Boys Village has a MOU with the Calcasieu Parish Sheriff's Office that requests compliance with the provisions of standards 115.321, 115.322, 115.334, 115.371, and 115.372. The auditor reviewed the MOU with the Calcasieu Parish Sheriff's Office and determined it to be inclusive of the standard requirements.

(h) Boys Village has an MOU with Oasis for victim advocacy as well as a qualified staff member to serve as a victim advocate. The auditor reviewed the Boys Village qualified staff member's qualifications and interviewed the Oasis Director to confirm the individuals providing this service have received education concerning sexual assault and forensic examination issues in general.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding evidence protocol and forensic medical examinations. Boys Village offers different avenues for resident victims of sexual abuse to receive victim advocate services exceeds the requirements of the standard. No corrective action is required.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the

agency/facility is responsible for criminal investigations. See 115.321(a).]

Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.322

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

(b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

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

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

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)
- Louisiana Office of Juvenile Justice Policy C.2.11 Prison Rape Elimination Act (PREA) (*March 21, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village

PAQ Assertions

- The facility reported the number allegations of sexual abuse and sexual harassment that were received in the past 12 months was ten (10).
- The facility reported the number allegations resulting in an administrative investigation that were received in the past 12 months was nine (9).
- The facility reported the number allegations referred for criminal investigation in the past 12 months was one (1).

Interviews

- Agency Head Designee
The Executive Director confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment.
- Investigative Staff
None

Observation of agency website

- Louisiana Office of Juvenile Justice (OJJ) Policy A.1.4 Investigative Services (*March 21, 2019*) is published at <https://ojj.la.gov/wp-content/uploads/2017/03/C.2.11.pdf>

Conclusion:

- (a) All allegations of sexual abuse or sexual harassment are referred for an administrative and/or criminal investigation to the Louisiana Office of Juvenile Justice Investigative Services and the Calcasieu Sheriff's Office. The PAQ and interview with the Executive Director corroborated this standard provision is followed.
- (b) Louisiana Office of Juvenile Justice (OJJ) Policy A.1.4 Investigative Services (*March 21, 2019*) is published at <https://ojj.la.gov/wp-content/uploads/2017/03/C.2.11.pdf>. The policy requires all referrals are documented. The auditor observed the policy on the OJJ website. OJJ Investigative Services has the legal authority to conduct criminal investigations. The policy describes the responsibilities of both Boys Village (contract facility) and the Louisiana OJJ Investigative Services. The auditor also reviewed documentation of referrals of allegations of sexual abuse and sexual harassment for investigation.
- (c) OJJ Investigative Services has the legal authority to conduct criminal investigations.

(d) Louisiana Office of Juvenile Justice (OJJ) Policy A.1.4 Investigative Services (*March 21, 2019*) governs the conduct of administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities.

(e) No Department of Justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment for Boys Village.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.331

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

(1) Its zero-tolerance policy for sexual abuse and sexual harassment;

(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

(3) Residents' right to be free from sexual abuse and sexual harassment;

(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;

(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;

(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;

(8) How to avoid inappropriate relationships with residents;

(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

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

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

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

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Staff Confirmation of Receipt of PREA
- Staff Training Rosters

Training Curriculum and Materials

- PREA Training for Employees - The Moss Group, Inc.

PAQ Assertions

- The facility reported thirty-four (34) staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above.
- The facility reported the frequency with which employees who may have contact with residents receive PREA training is annually.

Interviews

Random Staff

- Staff interviewed reported receiving PREA training in 2018 or 2019.

Conclusion:

(a) Boys Village employees receive all subjects required by the standard. The auditor reviewed the training curriculum, training logs and Staff Confirmation of Receipt of PREA forms. Staff interviewed corroborated the required topics are received annually.

(b) Instruction is tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents in the facility. Boys Village is a single facility agency. It operates only the one male facility.

(c) All employees receive extensive PREA training upon hire, with refresher training conducted annually. This is to ensure that all employees know Boys Village's current sexual abuse and sexual harassment policies and procedures. The auditor reviewed training records for newly hired staff and annual training records for existing staff. Staff interviews also confirmed this provision is followed.

(d) Boys Village documents, through employee signatures on training logs and Staff Confirmation of Receipt of PREA signature forms, that employees understand the training that they have received. Staff interviewed had a good knowledge of the required topics and the auditor verified they have completed the training by reviewing the signed forms.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceed this standard regarding employee training. Refresher training is received annually. No corrective action is required.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.332

(a) The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

(b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- List of Contractors
- Contract Provider / Volunteer Confirmation of Receipt of PREA

PAQ Assertion

- The facility reported the number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is ten (10).

Interviews

- Volunteers or Contractors who have Contact with Residents
The maintenance technician interviewed confirmed receiving training about his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. He also reported being notified how to report such incidents.

Conclusion:

(a) Boys Village ensures that non-employees (contractors), who have contact with juveniles, receive instruction regarding facility policy, prohibited conduct, prevention, detection, response, and reporting of sexual misconduct prior to assuming responsibilities that include contact with residents. The auditor reviewed current training records for the ten (10) contractors identified as having contact with juveniles. These individuals include the maintenance technician and teachers. The teachers were on summer break during the onsite phase of the audit.

(b) Training for non-employees may be tailored to reflect the extent of time they are in the facility and their access to the 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 interview with the maintenance technician and review of signed receipts of PREA forms confirmed this standard provision is met.

(c) The agency maintains documentation confirming that volunteers and contractors understand the training they have received through the Contract Provider / Volunteer Confirmation of Receipt of PREA

form. The interview with the maintenance technician and review of signed receipts of PREA forms confirmed this standard provision is met.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No

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

115.333 (e)

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

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.333

(a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

(b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and

sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

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

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

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

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Training Curriculum and Materials

- Youth PREA PowerPoint
- Youth PREA Pamphlet
- Youth PREA Posters

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Memorandum Re: providing 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
- MOU: McNeese State University Department of English and Foreign Languages (May 6, 2019)
- Agreement for Sign Language Interpreting Services with the Southwest Louisiana Independence Center (SLIC) (April 24, 2019)
- Youth Confirmation of Receipt of PREA

PAQ Assertions

- The facility reported the number of residents admitted in past 12 months who were given information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake is one hundred and nine (109).
- The facility reported the number of residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake is one hundred and nine (109).

Interviews

- Intake Staff

The Case Manager confirmed she provides the residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during intake. She reviews the PowerPoint and gives the youth a copy of the PREA pamphlet and facility handbook. She stated the residents sign the Youth Confirmation of Receipt of PREA form.

- **Random Sample of Residents**

All residents interviewed confirmed they were told about their right to not be sexually abused or sexually harassed, how to report sexual abuse and sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. All residents interviewed confirmed they were given information about the rules against sexual abuse and sexual harassment. All residents interviewed reported they received PREA education.

Conclusion:

(a) During the intake process, Boys Village residents 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. The PAQ, policy, and interviews with residents and the Case Manager confirmed this standard provision is met.

(b) During the intake process, Boys Village also provides comprehensive age-appropriate education to residents in person 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. The PAQ, policy, and interviews with residents and the Case Manager confirmed this standard provision is met.

(c) The PAQ affirms all residents receive PREA education at intake. This was corroborated with juvenile and staff interviews and reviewing resident training records.

(d) Boys village provides 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. Boys Village maintains a memorandum of understanding with McNeese State University Department of English and Foreign Languages for residents who are limited English proficient. The agency also has an agreement for Sign Language Interpreting Services with the Southwest Louisiana Independence Center (SLIC).

(e) Boys Village maintains documentation of resident participation in these education sessions. Residents sign the Youth Confirmation of Receipt of PREA form. The PAQ, policy, and interviews with residents and the Case Manager confirmed this standard provision is met.

(f) In addition to providing the required PREA education, Boys Village ensures that key information is continuously and readily available or visible to residents through PREA posters, the facility handbook, and PREA pamphlets. The auditor reviewed the materials and observed posters throughout the facility.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding resident education. No corrective action is required.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

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

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.334

(a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

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

(d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- MOU: Calcasieu Parish Sheriff's Office (*May 6, 2019*)
- NIC Training Certificates - PREA: Investigating Sexual Abuse in a Confinement Setting
- Letter from OJJ Director of Investigative Services Re: Investigator Training (*April 2, 2019*)

PAQ Assertion

- The facility reported the number of investigators employed currently is zero (0) for formal investigations and two (2) individuals trained for informal investigations and fact-finding.

Conclusion:

All investigations of sexual abuse and sexual harassment are conducted by the Louisiana Office of Juvenile Justice Investigative Services and/or the Calcasieu Sheriff's Office. The Boys Village Director of Operations and the PREA Coordinator have received training through the National Institute of Corrections for investigating sexual abuse in a confinement setting. They utilize this training to conduct informal investigations for the purpose of fact-finding.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.335

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

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

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

(c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

(d) 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 auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- List of Mental Health Care Practitioners
- "PREA 201 for Medical and Mental Health Care Practitioners" NIC Certificates

- Staff Confirmation of Receipt of PREA
- Staff Training Rosters

Training Curriculum and Materials

- PREA Training for Employees - The Moss Group, Inc.

PAQ Assertions

- The facility reported the number of all medical and mental health care practitioners who work regularly at the facility who received the training required by agency policy is two (2).
- The facility reported the percent of all medical and mental health care practitioners who work regularly at the facility who received the training required by agency policy is 100%.

Interviews

- Medical Staff
Boys Village does not have full or part-time medical practitioners who work regularly at the facility.
- Mental Health Staff
The Clinical Director confirmed he has received the PREA topics listed in standard 115.331 as well as training on the specialized topics.

Conclusion:

Boys Village does not employ medical staff. The licensed professional counselors receive all eleven basic PREA topics listed in standard 115.331. Additionally, they have completed the National Institute of Corrections (NIC) online training “PREA 201 for Medical and Mental Health Care Practitioners”. The PAQ, interviews with the Executive Director and Clinical Director (both licensed professional counselors), NIC certificates and staff training records verify the facility is following the provisions of this standard.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

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

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.341

(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

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

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

(1) Prior sexual victimization or abusiveness;

(2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;

(3) Current charges and offense history;

- (4) Age;
 - (5) Level of emotional and cognitive development;
 - (6) Physical size and stature;
 - (7) Mental illness or mental disabilities;
 - (8) Intellectual or developmental disabilities;
 - (9) Physical disabilities;
 - (10) The resident's own perception of vulnerability; and
 - (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
- (d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.
- (e) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Intake Screening and Housing Assessment

PAQ Assertion

- The facility reported the number of residents entering the facility within the past 12 months (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility is one hundred and nine (109).

Interviews

- Agency PREA Coordinator
The Agency PREA Coordinator confirmed Boys Village policy outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. He said the information would be limited to the Executive Director, PREA Coordinator, Case Managers, and Director of Operations upon request. The information is securely retained in the Case Managers' offices in locked file cabinets.

- Staff Responsible for Risk Screening

The Case Manager confirmed residents are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. The risk screening occurs upon intake. If a youth were to be admitted late Friday evening the risk screening would be completed on the following Monday. The initial intake screening includes all factors required by the standard. The information is ascertained by asking the residents questions. Resident's risk levels are reassessed every 90 days and after an allegation of sexual abuse.

- Random Samples of Residents

All ten (10) of the residents interviewed entered the facility within the past twelve months. They confirmed they were asked questions like the following examples at intake:

- (1) Have you have ever been sexually abused?
- (2) Do you identify with being gay, bisexual or transgender?
- (3) Do you have any disabilities?
- (4) Do you think you might be in danger of sexual abuse at the facility?

Observations during onsite review of facility

- The auditor observed a mock intake process. There were no new intakes during the two-day onsite phase of the audit. A Case Manager demonstrated how she discusses the PREA PowerPoint and the residents are offered a copy if they wish to keep one. She stressed there is a zero-tolerance toward sexual abuse and sexual harassment. She gives each resident a PREA pamphlet and points of the number for the Louisiana Foundation Against Sexual Assault (LaFASA). The resident then signs the Resident Receipt of PREA confirming they have received the education and associated written materials.

Conclusion:

(a - c) Within 72 hours of a resident's arrival at the Boys Village and during three-month reassessments of a resident's confinement, the facility obtains and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. All juveniles admitted into Boys Village are screened by the Case Managers using the Intake Screening and Housing Assessment provided by the Louisiana Office of Juvenile Justice. The auditor reviewed the screening instrument and determined it to be objective and inclusive of all topics required by the standard. The auditor reviewed the Intake Screening and Housing Assessments for the ten (10) residents interviewed and additional initial Intake Screening and Housing Assessments and three-month reassessments from the past 12 months.

(d) Boys Village policy states that in addition to the Intake Screening and Housing Assessments, information will be obtained through conversations with resident during the intake screening process. The interview with the Case Manager revealed she reviews the OJJ social history, psychosexual assessments for sex offenders, and psychological assessments if available.

(e) Policy states Boys Village implements appropriate controls in the dissemination of this information within the facility to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The interview with the PREA Coordinator and visual observations of the secure records substantiates the facility follows this standard provision.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

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

- Do residents also have access to other programs and work opportunities to the extent possible?
 Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

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

115.342 (g)

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

115.342 (h)

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

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.342

(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

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

- (c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- (d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- (e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.
- (f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
- (g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- (h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:
- (1) The basis for the facility's concern for the resident's safety; and
 - (2) The reason why no alternative means of separation can be arranged.
- (i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village

PAQ Assertions

- The facility reported the number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero (0).
- The facility reported the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months was zero (0).
- The facility reported the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months was not applicable.

Interviews

- Superintendent Designee
The Director of Operations confirmed the facility does not use isolation.

- PREA Coordinator

The PREA Coordinator confirmed the Intake Screening and Housing Assessments is used for housing, bed, program, education, work assignments, and for keeping residents safe from sexual abuse. LGBTI residents would be treated no differently than any other residents. A transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed as required. He confirmed transgender or intersex residents would be permitted to shower separately. All residents are afforded the opportunity to shower separately.

- Staff Responsible for Risk Screening

The Case Manager responsible for risk screening confirmed that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the resident would be offered a physical with a doctor within 7 days and offered a follow-up meeting with mental health practitioner within 14 days. She stated the facility uses the risk screening information to determine cottage placement, single or double room occupancy and to keep potential perpetrators away from youth at a higher risk of victimization. She confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by-case basis and reassessed at least every six months. She confirmed transgender or intersex residents would be permitted to shower separately and added that is the practice for all residents.

- Mental Health Staff

The Clinical Supervisor interviewed confirmed the facility does not use isolation.

- LGBTI Residents

No residents identified as LGBTI during the on-site audit.

Conclusion:

(a) Boys Village policy states residents who are determined as a potential risk will not be singled out; however, they will be closely monitored by the staff. Housing decisions for each youth will be based on the risks determined by the Intake Screen and Assessment Instrument, as well as any information ascertained through conversations during the intake process and medical and mental health screenings with the goal of keeping all residents safe and free from sexual abuse. This provision was corroborated with the PAQ and interview with the PREA Coordinator.

(b, h & i) Boys Village does not use isolation. These provisions were corroborated with the PAQ and interviews with the PREA Coordinator, Clinical Coordinator, and Director of Operations.

(c) Boys Village policy states LGBTIQ residents shall not be placed in particular housing based on identification alone or status. Nor shall such identification or status be used as an indicator of possible sexual abusiveness. This provision was corroborated with the PAQ and interview with the PREA Coordinator.

(d) Boys Village policy states housing placements will be made with the sole intention of ensuring the residents health and safety, and whether the placement would present management or security concerns. The PAQ and interview with the PREA Coordinator confirmed the facility makes housing and program assignments for transgender or intersex residents at Bots Village on a case-by-case basis.

(e) Boys Village policy states placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety. This

provision was corroborated with the PAQ and interviews with the PREA Coordinator and Case Manager.

(f) Boys Village policy states each transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. This provision was corroborated with the interviews with the PREA Coordinator and Case Manager.

(g) Boys Village policy states the facility does not allow more than one resident in any bathroom at any given time. This policy applies to all residents to ensure their safety and privacy and is done in an effort to avoid any incidents of sexual abuse or sexual harassment. Interviews with the PREA Coordinator and Case Manager confirmed transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.351

(a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

(b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes

shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

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

(e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- Youth PREA Posters
 - Louisiana Department of Children and Family Services Child Protection Hotline (1-855-4LA-KIDS)
 - Louisiana Office of Juvenile Justice Family Liaison (1-800-594-3011)
 - Louisiana Office of Juvenile Justice Investigative Services (1-800-626-1430)
 - Louisiana Foundation Against Sexual Assault (LaFASA) (1-888-995-7273)
 - Oasis Sexual Violence Program (1-866-570-7273)
 - U.S. Department of Homeland Security (1-202-282-8000)
 - U.S. Citizenship and Immigration Services (1-800-373-5283)
 - U.S. Passport Agency (1-337-437-7400)
- Service Delivery Agreement: Oasis Sexual Violence Program (*August 28, 2018*)
- Grievance Form
- Unusual Occurrence Report

PAQ Assertions

- The facility reported staff are required to document verbal reports. The time frame required to document the reports is "immediately".
- The facility reported staff are informed of procedures, to privately report sexual abuse and sexual harassment of residents, through employee trainings, policy and the procedure manual.

Interviews

- PREA Coordinator

The PREA Coordinator was knowledgeable of the outside entities for reporting and confirmed residents are given a pencil when they wish to write a grievance. Grievance forms are readily available next to the locked grievance boxes in each cottage. The boxes are checked daily.
- Random Sample of Staff

Staff interviewed stated they would privately report sexual abuse and sexual harassment of residents by calling the Sexual Assault Hotline. All Staff interviewed confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that

may have contributed to an incident of sexual abuse or sexual harassment. Most staff named the Sexual Assault Hotline. All staff interviewed confirmed verbal reports would be documented immediately.

- **Random Sample of Residents**

Residents interviewed could name methods to report verbally, by telephone or in person. All residents interviewed confirmed there is someone who does not work at the facility that they could report to about sexual abuse or sexual harassment. Nine (9) residents identified a family member and one (1) resident identified their probation officer. Residents interviewed identified someone that did not work at the facility that they could report to about sexual abuse or sexual harassment, acknowledged they are allowed to make a report without having to give their name and a relative or friend could make the report for them.

- **Residents who Reported a Sexual Abuse**

No residents who reported a sexual abuse were present during the on-site audit.

Observations during onsite review of facility

- Various posters with phone numbers and/or mailing addresses for resident access to outside support services.

Conclusion:

(a) Boys Village provides several different ways for a resident to report any incidents of sexual abuse and sexual harassment, any retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and any type of staff neglect or violations of responsibilities that may have contributed to such incidents. Residents are able to report either verbally, in writing and/or confidentially through anonymous communication of any incident concerning sexual misconduct to a trusted staff member, counselor, any contractor/non-employee, or the director of the facility. Boys Village provides residents numerous ways to report abuse or harassment to private entities or offices that are not part of the agency. These include Louisiana Department of Children and Family Services Child Protection Hotline (1-855-4LA-KIDS); the Louisiana Office of Juvenile Justice Family Liaison (1-800-594-3011); the Louisiana Office of Juvenile Justice Investigative Services (1-800-626-1430); the Louisiana Foundation Against Sexual Assault (LaFASA) (1-888-995-7273); and the Oasis Sexual Violence Program (1-866-570-7273). These external entities are able to receive and immediately forward resident reports of sexual abuse and sexual harassment to Boys Village, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the U.S. Department of Homeland Security (1-202-282-8000); U.S. Citizenship and Immigration Services (1-800-373-5283); and U.S. Passport Agency (1-337-437-7400). The auditor observed posters with the contact information posted in the cottages and other parts of the facility. Interviews with the residents confirmed they were aware of the posters.

(b) Boys Village policy states any staff member or non-employee who receives a report of sexual misconduct, whether verbally or in writing, shall immediately notify the Staff Supervisor and Director of Operations and complete an Unusual Occurrence Report. The Director of Operations shall then notify the Executive Director and PREA Compliance Manager. The PAQ and interviews with staff corroborated this provision is being followed.

(c) Boys Village provides residents with access to tools to make written reports of sexual abuse or 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 interview with PREA Coordinator confirmed residents would be given a pen or pencil to write a written report. This was corroborated by the PAQ and policy. The auditor observed grievance forms readily available next to locked grievance boxes in the cottages and administrative building.

(d) Boys Village provides a method for staff to privately report sexual abuse and sexual harassment of residents. Policy allows for staff to privately report sexual abuse and sexual harassment of youth by calling the Louisiana Office of Juvenile Justice Investigative Services Hotline at 1-800- 626-1430 and reporting an allegation directly. Staff interviews confirmed staff were knowledgeable of their ability to privately report by calling the hotline.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding resident reporting. Boys Village provides residents numerous ways to report sexual abuse or sexual harassment to private entities or offices that are not part of the agency. No corrective action was required.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

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

115.352 (e)

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

115.352 (f)

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

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.352

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

(b)(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

(c) The agency shall ensure that—

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

(d)(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

(e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

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

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

(g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Grievance Form

PAQ Assertions

- The facility reported the number of grievances that were filed that alleged sexual abuse in the past 12 months was two (2).
- The facility reported the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed in the past 12 months was two (2).
- The facility reported the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days in the past 12 months was zero (0).
- The facility reported, in cases where the agency requested an extension of the 90 day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, zero (0) grievances took longer than a 70 day extension period to resolve.
- The facility reported the number of the grievances alleging sexual abuse filed by residents which the resident declined third-party assistance, containing documentation of the resident's decision to decline in the past 12 months was zero (0).
- The facility reported the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero (0).
- The facility reported the number of the grievances alleging substantial risk of imminent sexual abuse filed that reached final decisions within 5 days in the past 12 months was zero (0).

- The facility reported the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith in the past 12 months was zero (0).

Interviews

- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Observations during onsite review of facility

- The auditor observed grievance forms readily available next to locked grievance boxes in the cottages and administrative building.

Conclusion:

Boys Village is exempt from this standard. Boys Village provides the residents the ability to file a grievance for an allegation of sexual abuse or sexual harassment. However, the agency does not have administrative procedures to address resident grievances regarding sexual abuse. All grievances pertaining to sexual abuse and sexual harassment shall be immediately referred to OJJ PREA Investigators. OJJ will follow PREA-mandated timelines on the release of investigative outcomes. If deemed necessary, investigations may also be referred to Calcasieu Parish Sheriff's Office. Official outcomes of PREA investigations shall be issued by either of these two agencies.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.353

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

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

(c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

(d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- Youth PREA Posters
 - Louisiana Department of Children and Family Services Child Protection Hotline (1-855-4LA-KIDS)
 - Louisiana Office of Juvenile Justice Family Liaison (1-800-594-3011)
 - Louisiana Foundation Against Sexual Assault (LaFASA) (1-888-995-7273)
 - Oasis Sexual Violence Program (1-866-570-7273)
 - U.S. Department of Homeland Security (1-202-282-8000)
 - U.S. Citizenship and Immigration Services (1-800-373-5283)
 - U.S. Passport Agency (1-337-437-7400)
- Service Delivery Agreement: Oasis Sexual Violence Program (*August 28, 2018*)

Interviews

- Superintendent Designee

The Director of Operations confirmed the facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians through phone calls and visits. Visits are held in the conference room. Case Managers can assist the residents with placing a call. The residents would be allowed privacy.
- PREA Coordinator

The PREA Coordinator confirmed residents are provided with confidential access to their attorneys or other legal representation and access to parents or legal guardians. He said Case Managers or Shift Supervisors would assist with phone calls. They dial the number and exit the room to provide privacy.
- Random Sample of Residents

Most residents interviewed stated they were aware there are services available outside of the facility for dealing with sexual abuse, if they ever need it. Many stated counseling services or therapy would be available. Most residents interviewed knew contact information for these outside services was posted on the walls. All resident interviewed knew calling the sexual assault hotline or other outside services would be a free call. All residents interviewed confirmed the facility would allow them to see or talk with their lawyer or another lawyer privately. All residents interviewed

confirmed the facility would allow them to see or talk with their parents or someone else, such as a legal guardian.

Some residents were less aware of services available outside of the facility for dealing with sexual abuse. This was also addressed as a corrective action. The facility provided the residents refresher education on services available outside of the facility for dealing with sexual abuse.

- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Observations during onsite review of facility

- The auditor observed posters with contact information for services available outside of the facility for dealing with sexual abuse.

Conclusion:

(a) Boys Village provides residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing contact information for the Oasis Sexual Violence Program (1-866-570-7273) and the Louisiana Foundation Against Sexual Assault (LaFASA) (1-888-995-7273). Residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the U.S. Department of Homeland Security (1-202-282-8000); U.S. Citizenship and Immigration Services (1-800-373-5283); and U.S. Passport Agency (1-337-437-7400).

Boys Village enables reasonable communication between residents and these organizations in as confidential a manner as possible. Policy provides that a Case Manager or Staff Supervisor will dial the requested phone number and await acknowledgement from an agency official. Upon making contact with an agency official, the resident will be given privacy to communicate freely with that official. The Case Manager or Staff Supervisor will position themselves outside of the office for the duration of the telephone conversation to visually observe the resident. In the cottages, the resident will also be under video surveillance for the duration of the call.

The auditor observed posters with the contact information posted in the cottages and other parts of the facility. The interview with the PREA Coordinator confirmed residents would be able to make phone calls in as confidential a manner as possible. The auditor reviewed the service delivery agreement for the Oasis Sexual Violence Program and contacted the organization to confirm availability of services.

(b) Boys Village policy states the facility shall inform youths, 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 PAQ and interview with the PREA Coordinator corroborate this standard provision.

(c) Boys Village has a service delivery agreement for the Oasis Sexual Violence Program to provide residents with confidential emotional support services related to sexual abuse. Boys Village maintains a copy of the agreement. The auditor reviewed the service delivery agreement for the Oasis Sexual Violence Program and contacted the organization to confirm availability of services.

(d) Boys Village policy states the facility provides youth with reasonable and confidential access to their attorneys or other legal representative and reasonable access to parents or legal guardians. Policy, the PAQ and interviews with the Director of Operations and PREA Coordinator corroborate this standard provision.

Corrective Action:

Some residents interviewed were less aware of services available outside of the facility for dealing with sexual abuse. The facility provided the residents refresher education on these services on July 10, 2019 and emailed the training logs to the auditor July 12, 2019 to verify the refresher education was completed.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action has been completed.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.354

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)
- Louisiana Office of Juvenile Justice Policy C.4.3: Mandatory Reporting of Abuse and Neglect of Youth (*July 25, 2018*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Louisiana Children's Code Title VI, Articles 603, 609, 610
- Louisiana Office of Juvenile Justice Investigative Services Hotline (1-800-626-1430)
- Louisiana Department of Children and Family Services Child Protection Hotline (1-855-4LA-KIDS)
- PREA Posters
- PREA Pamphlets
- Grievance Form

PAQ Assertion

Boys Village publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents through posters and pamphlets located throughout the facility.

Conclusion:

Boys Village policy states third parties, including fellow residents, staff members, volunteers, contractors, family members, attorneys, outside advocates and others, shall be accepted reporters of any sexual abuse and/or sexual harassment reports.

Boys Village has various methods to receive third-party reports of sexual abuse and sexual harassment. Verbal reports of abuse or written statements/grievances may be given directly to the Boys Village Executive Director or to any trusted staff. Written statements/grievances may also be placed in one of the various locked grievance drop boxes located in the main office and all housing units.

Verbal reports can also be made directly to the Louisiana Office of Juvenile Justice Investigative Services Hotline (1-800-626-1430), Louisiana Foundation Against Sexual Assault (LaFASA) Hotline (1-888-995- 7273), and the Louisiana Department of Children and Family Services Child Protection Hotline (1-855-4LA-KIDS). These hotlines are available 24 hours a day, 365 days a year.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding third-party reporting. This was determined through the PAQ, observations, and interview with the PREA Coordinator. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead

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

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.361

(a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

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

(d)(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

(e)(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

(f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)
- Louisiana Office of Juvenile Justice Policy C.4.3: Mandatory Reporting of Abuse and Neglect of Youth (*July 25, 2018*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Louisiana Children's Code Title VI, Articles 603, 609, 610
- Louisiana R.S. 14:403 - Abuse of children; reports; waiver of privilege
- Louisiana R.S. 23:968 - Whistleblower protection and cause of action

Interviews

- Superintendent Designee

The Director of Operations stated he would report allegations of sexual abuse to the PREA Coordinator, Louisiana OJJ Investigative Services, and the Calcasieu Parish Sheriff's Office. If the victim is under the guardianship of the Louisiana Department of Children and Family Services, he stated he would report the allegation to DCFS within immediately. He confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted immediately. Lastly, he confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to Louisiana OJJ Investigative Services, and/or the Calcasieu Parish Sheriff's Office.

- PREA Coordinator

The PREA Coordinator stated when the facility receives an allegation of sexual abuse he reports the allegation to the Louisiana Department of Children and Family Services, Louisiana OJJ Investigative Services, probation officer, parents, and case worker. If the victim is under the guardianship of the Department of Family and Children Services, he stated the allegation would be

reported to the DCFS caseworker as soon as possible. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record as soon as possible.

- **Random Sample of Staff**

Staff interviewed confirmed they are mandated by Louisiana law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; 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. Staff interviewed stated they would report information related to resident sexual abuse to their immediate supervisor.

- **Mental Health Staff**

Interviews with the Clinical Director confirmed he discloses the limitations of confidentiality and his duty to report, at the initiation of services to a resident. He confirmed he is mandated by Louisiana law to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. He reports to the Executive Director, PREA Coordinator, and Calcasieu Parish Sheriff's Office. He reported not having been aware of such incidents.

Conclusion:

(a) Boys Village policy requires all staff must immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not that facility is Boys Village; 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. This was corroborated through the PAQ and interviews with the Director of Operations, PREA Coordinator, Clinical Director, and staff.

(b) Boys Village policy requires all staff to comply with any Louisiana mandatory child abuse reporting laws and Louisiana Office of Juvenile Justice Policy C.4.3: Mandatory Reporting of Abuse and Neglect of Youth. This was corroborated through the PAQ and interviews with the Director of Operations, PREA Coordinator, Clinical Director, and staff.

(c) Boys Village policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. This was corroborated through the PAQ and interviews with the Director of Operations, PREA Coordinator, Clinical Director, and staff.

(d) Boys Village policy requires all mental health practitioners shall report sexual abuse to the PREA Coordinator as well as to the Louisiana Department of Children and Family Services(DCFS) - Child Protection. Such practitioners are required to inform residents at the initiation of their services their duty to report and the limitations of confidentiality. This was corroborated through the PAQ and interview with the Clinical Director.

(e) Boys Village policy requires that upon receiving any allegation of sexual abuse, the staff member who received the report shall promptly report the allegation to the Louisiana Department of Children and Family Services (DCFS) - Child Protection, Calcasieu Parish Sheriff's Office, and Louisiana Office of Juvenile Justice PREA Investigators. The alleged victim's parents or legal guardians shall also be notified, 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 Louisiana DCFS, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If the Office of

Juvenile Justice retains jurisdiction over the alleged victim, the report shall also be made to the alleged victim's juvenile probation officer. This was corroborated through the PAQ and interviews with the Director of Operations and PREA Coordinator.

(f) Boys Village report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to Louisiana OJJ PREA Investigators. This was corroborated through the PAQ and interview with the Director of Operations.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

Standard 115.362: Agency protection duties

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

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.362

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village

PAQ Assertions

- The facility reported the number the number of times the agency or facility has determined that a resident was subject to substantial risk of imminent sexual abuse in the past 12 months was one (1).
- The facility reported, in the past 12 months, the amount of time passed before taking action, on average was not applicable.
- The facility reported, in the past 12 months, the longest time passed before taking action was not applicable.

Interviews

- Agency Head Designee
The Executive Director confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would removing the resident from potential harm, cottage changes, removing staff when needed, and calling the Sexual Assault Response Team (SART).
- Superintendent Designee
The Director of Operations confirmed when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as housing changes away from potential harm from staff or other residents. He confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse.
- Random Sample of Staff
All staff interviewed confirmed they would take immediate action upon learning a resident is at risk of imminent sexual abuse. Protective measures mentioned included separating the potential victim from the potential aggressor, close observation, notifying their supervisor, and reporting.

Conclusion:

Boys Village policy states if the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate action will be taken to protect the resident. The PAQ and interviews with the Executive Director, Director of Operations, and staff corroborate compliance with this policy.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.363

(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c) The agency shall document that it has provided such notification.

(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Unusual Occurrence Report Form

PAQ Assertions

- The facility reported the number of allegations the facility received that a resident was abused while confined at another facility in the past 12 months was zero (0).
- The facility reported the number of allegations of sexual abuse the facility received from other facilities in the past 12 months was zero (0).

Interviews

- Agency Head Designee
The Executive Director stated Boys Village is a single facility agency. He stated SART would be the first contact and the allegation would be investigated the same as all other allegations.
- Superintendent Designee
The Director of Operations confirmed that all allegations reported to have occurred at another facility will be referred to the PREA Coordinator, Louisiana OJJ Office of Investigative Services, and the Calcasieu Parish Sheriff's Office. The Director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. He stated there are no examples of another facility or agency reporting such allegations within the twelve-month audit period.

Conclusion:

(a – d) Boys Village policy requires that upon receiving an allegation that a resident was sexually abused while residing at another facility, the Executive Director shall notify the administrator of the facility where the alleged abuse occurred and shall also notify DCFS - Child Protection. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification on an Unusual Occurrence Report. Any report filed by another agency to Boys Village shall be investigated the same as any other incident that pertains to the PREA policy and procedures. The PAQ and interviews with the Executive Director and Director of Operations corroborate Boys Village would follow policy if the facility were to receive such an allegation.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.364

(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Unusual Occurrence Report Form

PAQ Assertions:

- The facility reported the number of allegations that a resident was sexually abused in the past 12 months was two (2).
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero (0).
- Of these allegations, the number of times the first security staff member to respond to the report:
 - Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was zero (0).
 - Requested 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 was zero (0).
 - Ensured 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 was zero (0).
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero (0).

- Of those allegations responded to first by a non-security staff member, the number of times that staff member:
 - (1) Requested that the alleged victim not take any actions that could destroy physical evidence was zero (0).
 - (2) Notified security staff was zero (0).

Interviews

- **Security Staff First Responders**
An interview with a direct care worker confirmed he is knowledgeable of his duties when responding to allegations of sexual abuse.
- **Non-Security Staff First Responders**
An interview with the maintenance technician confirmed he is knowledgeable of his duties when responding to allegations of sexual abuse.
- **Random Sample of Staff**
Staff interviewed had a good knowledge of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Staff interviewed stated they would report the alleged sexual abuse to their supervisor. Interviews revealed staff would not share sensitive information with other staff and residents.
- **Residents who Reported a Sexual Abuse**
No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

Boys Village policy requires that any staff member or non-employee who receives a report of sexual misconduct, whether verbally or in writing, shall immediately notify the Staff Supervisor and Director of Operations and complete an Unusual Occurrence Report. The Director of Operations shall then notify the Executive Director and PREA Compliance Manager. The Staff Supervisor and Director of Operations should ensure that the alleged victim and aggressor are physically separated, either by moving housing units or some other effective means. Secure the scene of the alleged assault if feasible and secure any video coverage of the alleged incident.

If an assault has taken place within a time period that still allows for the collection of physical evidence, the alleged victim will be advised to not take any action that could damage or destroy physical evidence, including, as appropriate: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If an assault has taken place within a time period that still allows for the collection of physical evidence, staff will ensure that the alleged abuser will not take any action that could damage or destroy physical evidence, including, as appropriate: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The PAQ and interviews with staff first responders and staff corroborate compliance with this policy.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

Standard 115.365: Coordinated response

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

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.365

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Louisiana OJJ PREA Coordinated Response to Sexual Abuse Incidents

Interview

- Superintendent Designee

The Director of Operations confirmed Boys Village has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Coordinated Response to Sexual

Abuse Incidents coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Conclusion:

The Boys Village has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Coordinated Response to Sexual Abuse Incidents coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. The PREA Coordinator and/or Boys Village Case Managers will ensure the completion of all steps of the Coordinated Response to Sexual Abuse Incidents Checklist.

The PAQ, interview with the Director of Operations, and review of the PREA Coordinated Response to Sexual Abuse Incidents corroborate compliance with this policy and standard.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding a coordinated response. No corrective action is required.

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

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.366

(a) 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.

(b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or

(2) 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.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village

Interview

- Agency Head Designee
The Executive Director confirmed Boys Village does not participate in collective bargaining agreements.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding preservation of the ability to protect residents from contact with abusers. Boys Village does not participate in collective bargaining agreements. No corrective action is required.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.367

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

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

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

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

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

(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Secondary Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- PREA Protections Against Retaliation Form
- Memo: Retaliation Monitoring (*May 3, 2019*)

PAQ Assertions

- The agency has designated the facility Director of Operations with monitoring for possible retaliation.
- The facility reports it monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff for 90 days.
- The facility reported the number of times an incident of retaliation occurred in the past 12 months was zero (0).

Interviews

- Agency Head Designee
The Executive Director stated housing changes and administrative leave for staff as some examples of measures to protect residents or staff who report retaliation.
- Superintendent Designee
The Director of Operations stated housing changes and moving staff as examples of measures to protect residents or staff who report retaliation. If retaliation is suspected the facility would proactively make housing changes, move staff, or place staff on administrative leave.
- Designated Staff Member Charged with Monitoring for Retaliation

The PREA Coordinator was interviewed. Boys Village Implementation Plan does not designate any specific staff members or departments to monitor for possible retaliation. The PREA Coordinator stated some of the measures he would take to protect residents and staff from retaliation are coordinating with the Director of Operations to make housing changes, suspending staff and whatever measures are needed to end the retaliation. He stated some of the things he would look for in detecting possible retaliation reviewing reports to see if an individual has reported feeling threatened or uncomfortable and observe any behavior changes. He confirmed monitoring the conduct and treatment of residents and staff who report sexual abuse of a resident or were to have suffered sexual abuse would be for 90 days or until the retaliation ends.

- Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) Boys Village does not use isolation.
- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

Boys Village shall protect all residents and staff who report sexual abuse or sexual harassment, or cooperate with investigations pertaining to sexual abuse and sexual harassment, from retaliation by other staff or residents. Boys Village Implementation Plan does not designate any specific staff members or departments to monitor for possible retaliation. However, if an allegation of sexual misconduct is reported, that information is shared with the Director of Operations who oversees staff operations and resident supervision. The Director of Operations will monitor for any retaliation, and if it is reported, the Executive Director and PREA Compliance Manager will be immediately notified.

Boys Village takes measures to protect staff and residents include, but are not limited to, the following: unit transfer of residents, both victims and alleged abusers; removal of staff from contact with victim; emotional support services through on-site counseling as well as the Oasis Sexual Violence Program and any other support services may also be provided as needed; and monitoring for any changes by staff or residents that could suggest possible retaliation.

For at least 90 days following a report of sexual abuse, Boys Village shall monitor the conduct and treatment of residents or staff who reported the sexual abuse, and of residents who were reported to have suffered sexual abuse, to see if there are any changes that may suggest possible retaliation by staff, and shall act promptly to remedy any such retaliation. Boys Village shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Monitoring shall also include periodic status checks using the PREA Protections Against Retaliation Form.

The PAQ, policy, observations, and interviews with the Executive Director, Director of Operations and the PREA Coordinator corroborate compliance with this standard.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.368

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village

PAQ Assertions

- The facility reported the number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero (0).

Interview

- Superintendent Designee
The Director of Operations confirmed Boys Village does not use segregated housing or isolation to protect residents who are alleged to have suffered sexual abuse.

Conclusion:

Boys Village does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse. This was confirmed through the interview with the Director of Operations, PAQ and observations.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.371

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

(b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

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

(e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

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

(g) Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

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

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

(k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

(l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

(m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)
- Louisiana Office of Juvenile Justice Policy A.1.4: Investigative Services (*June 3, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- MOU: Calcasieu Parish Sheriff's Office (*May 6, 2019*)

PAQ Assertion

- The facility reported the number of sustained allegations of conduct that appear to be criminal that were referred for prosecution audit was one (1).

Interviews

- Superintendent Designee

The Director of Operations confirmed the PREA Coordinator would be the liaison if an outside agency were to investigate an allegation.

- PREA Coordinator

The PREA Coordinator confirmed he would be the liaison if an outside agency were to investigate an allegation. He would maintain contact with the local OJJ Investigator and/or Calcasieu Parish Sheriff's Office.

- Residents who reported a Sexual a Sexual Abuse

No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

(a) Boys Village does not conduct its own investigations into allegations of sexual abuse and sexual harassment. These investigations are completed by the Louisiana Office of Juvenile Justice Investigative Services and/or the Calcasieu Parish Sheriff's Office. Boys Village has a MOU with the Calcasieu Parish Sherriff's Office for criminal investigations. The MOU states the sheriff's office will follow the requirements of this standard.

OJJ policy states Investigative Services conducted investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports pursuant to YS Policy No. A.1.4. This provision was corroborated by the PAQ, policy review, interview with an OJJ investigator, and the MOU with the Calcasieu Parish Sherriff's Office.

(b) Boys Village policy states allegations shall be reported to the Louisiana Office of Juvenile Justice PREA Investigators who are trained in sexual abuse investigations involving juvenile victims. In cases of alleged sexual abuse, the Calcasieu Parish Sheriff s Office will also be notified.

OJJ policy states where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims. This provision was corroborated by reviewing the training curriculum, training logs, NIC certificates, the PAQ, interview with an OJJ investigator and the MOU with the Calcasieu Parish Sherriff's Office.

(c) Boys Village policy states detectives with the Calcasieu Parish Sheriff s Office, in conjunction with Office of Juvenile Justice PREA Investigators, shall gather and preserve evidence; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior reports of any sexual abuse involving the suspected perpetrator. Boys Village as a facility shall cooperate with Calcasieu Parish Sheriff s Office and shall endeavor to remain informed about the progress of the investigation

OJJ policy states 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. This provision was corroborated by policy review, interview with an OJJ investigator, and the MOU with the Calcasieu Parish Sherriff's Office.

(d) Boys Village policy states investigators shall not terminate an investigation if the source of the allegation recants the allegation.

OJJ policy states the agency shall not terminate an investigation solely because the source of the allegation recants the allegation. This provision was corroborated by policy review, the PAQ, interview with an OJJ investigator, and the MOU with the Calcasieu Parish Sheriff's Office.

(e) Boys Village policy states investigators with the Office of Juvenile Justice and Calcasieu Parish Sheriff's Office shall document in a written report thorough descriptions of physical, testimonial, and documentary evidence when feasible and refer any substantiated allegations of conduct that appear to be criminal for prosecution.

OJJ policy states 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 as appropriate. This provision was corroborated by reviewing policy, interview with an OJJ investigator and the MOU with the Calcasieu Parish Sheriff's Office.

(f) Boys Village policy states the determination of credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined based on status as a resident or facility staff member.

No resident who alleges sexual abuse shall be subjected to a polygraph examination or other truth telling device by the Calcasieu Parish Sheriff s Office as a condition for proceeding with the investigation of the allegation.

OJJ policy states 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. This provision was corroborated by reviewing policy, interview with an OJJ investigator, and the MOU with the Calcasieu Parish Sheriff's Office.

(g) Boys Village policy states if the Calcasieu Parish Sheriff s Office and/or Office of Juvenile Justice deem the act to be of a non-criminal nature, then an administrative investigation will occur. This incident review shall determine whether the staff actions or inactions contributed to the incident. The review shall be documented with assessments, including descriptions of evidence, reasoning behind assessments along with facts and findings.

OJJ policy states 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. This provision was corroborated by reviewing policy, interview with an OJJ investigator, and the MOU with the Calcasieu Parish Sheriff's Office.

(h) Boys Village policy states investigators with the Office of Juvenile Justice and Calcasieu Parish Sheriff's Office shall document in a written report thorough descriptions of physical, testimonial, and documentary evidence when feasible and refer any substantiated allegations of conduct that appear to be criminal for prosecution. This provision was corroborated by reviewing policy, interview with an OJJ investigator, and the MOU with the Calcasieu Parish Sheriff's Office.

(i) Boys Village policy states Investigators with the Office of Juvenile Justice and Calcasieu Parish

Sheriff's Office shall document refer any substantiated allegations of conduct that appear to be criminal for prosecution.

OJJ policy states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. This provision was corroborated by reviewing policy, PAQ, interview with an OJJ investigator and the MOU with the Calcasieu Parish Sherriff's Office.

(j) Boys Village shall retain all written reports for as long as the alleged abuser is in custody/care or employed by the facility, plus (5) five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

OJJ policy states the agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. This provision was corroborated by the PAQ, reviewing policy, and interview with an OJJ investigator.

(k) Boys Village policy states any departure of the alleged abuser or victim from employment or custody/care of Boys Village shall not provide a basis for terminating the investigation.

OJJ policy states 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. This provision was corroborated by reviewing policy, and interview with an OJJ investigator.

(l) OJJ Investigative Services conducts all administrative investigations and criminal investigations are conducted by the Calcasieu Parish Sherriff's Office. This provision was corroborated by reviewing OJJ policy and the MOU with the Calcasieu Parish Sherriff's Office.

(m) Boys Village as a facility shall cooperate with Calcasieu Parish Sheriff s Office and shall endeavor to remain informed about the progress of the investigation. This provision was corroborated by the MOU with the Calcasieu Parish Sherriff's Office and interviews with the Director of Operations, PREA Coordinator, and an OJJ investigator.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.372

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)
- Louisiana Office of Juvenile Justice Policy A.1.4: Investigative Services (*June 3, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- MOU: Calcasieu Parish Sheriff's Office (*May 6, 2019*)

Interview

- Investigative Staff
An interview with an OJJ PREA investigator confirmed this policy.

Conclusion:

The Office of Juvenile Justice and/or Calcasieu Parish Sheriff's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was corroborated through the PAQ, interview with an OJJ investigator and reviewing the MOU with the Calcasieu Parish Sheriff's Office.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding an evidentiary standard for administrative investigations. No corrective action is required.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.373

(a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

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

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the resident's unit;

(2) The staff member is no longer employed at the facility;

(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications shall be documented.

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Verification of PREA Outcome Notification

PAQ Assertions

- The facility reported the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility in the past 12 months was zero (0).
- Of the investigations that were completed of alleged sexual abuse in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation is not applicable.
- The facility reported the number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was two (2).
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation is one (1).
- The facility reported the number of notifications to residents that were made pursuant to this standard in the past 12 months was one (1).
- Of those notifications made in the past 12 months, the number that were documented is one (1).

Interviews

- Superintendent Designee

The Director of Operations confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

- Investigative Staff

An OJJ investigator confirmed that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

- Residents who Reported a Sexual Abuse

No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

(a) The Boys Village PREA Coordinator shall inform the juvenile whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

(c) Following an investigation into juvenile's allegation of sexual abuse in the facility, the Boys Village PREA Coordinator will be provided with an official investigative outcome by the OJJ PREA Coordinator.

(d) If the allegation involved a staff member, the PREA Coordinator shall inform the juvenile whenever: the staff member is no longer posted within the juvenile's unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; or the staff member has been convicted on a charge related to sexual abuse within the facility.

(e) If the allegation involved another juvenile, the PREA Coordinator shall inform the alleged victim when the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the alleged abuser has been convicted on a charge related to sexual abuse within the facility

(f) All notifications or attempted notifications shall be documented with the Verification of PREA Outcome Notification Form.

(g) Boys Village obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.376

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

(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

(c) 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.

(d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Memo: Staff Termination

PAQ Assertions

- The facility reported the number of staff from the facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months was one (1).
- The facility reported the number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months was one (1).
- The facility reported the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies in the past 12 months was zero (0).
- The facility reported the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months was one (1).

Conclusion:

(a) Boys Village has zero tolerance for sexual misconduct between juveniles and any staff members. Sexual misconduct perpetrated by staff is contrary to the policies of this facility and professional ethical principles that all employees are bound to uphold. This provision was corroborated by the PAQ and reviewing policy.

(b) Boys Village policy states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This provision was corroborated by the PAQ, reviewing policy, and reviewing staff termination and prosecution documents.

(c) 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. This provision was corroborated by the PAQ.

(d) All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to the Office of Juvenile Justice PREA Investigators, Calcasieu Parish Sheriff's Office, and the Department of Children and

Family Services - Child Protection. This provision was corroborated by the PAQ, MOU with the Calcasieu Parish Sheriff s Office, and reviewing staff termination and prosecution documents.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.377

(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation:

- PREA Audit: Pre-Audit Questionnaire for Boys Village

Interview

- Superintendent Designee

The Director of Operations confirmed that any volunteer or contractor who engages in sexual abuse would be prohibited further contact with the residents pending investigation.

PAQ Assertion

- The facility reported the number of contractors or volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months was zero (0).

Conclusion:

(a) Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with the residents and Boys Village facility and staff and shall be reported to Office of Juvenile Justice PREA Investigators and Calcasieu Parish Sheriff s Office for further investigation. This provision was corroborated through the PAQ, policy, and interview with the Director of Operations.

(b) Boys Village 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. This provision was corroborated through the PAQ and interview with the Director of Operations.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding corrective actions for contractors and volunteers. No corrective action is required.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.378

(a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

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

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

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

(e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village

PAQ Assertions

- The facility reported the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility in the past 12 months was zero (0).
- The facility reported the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months was zero (0).
- The facility reported the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse in the past 12 months was zero (0).
- The facility reported the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services in the past 12 months was zero (0).
- The facility reported the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse who were denied access to other programs and work opportunities in the past 12 months was zero (0).

Interviews

- Superintendent Designee

The Director of Operations confirmed sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. A resident's mental disability or mental illness is considered in determining appropriate disciplinary sanctions. Isolation is not used as a disciplinary sanction for resident-on resident sexual abuse.

- Mental Health Staff

The Clinical Director confirmed that counseling would be available for residents who have been determined to have committed resident-on resident sexual abuse through a sex offender counselor provided by the state. He confirmed if a resident refuses to participate in counseling they would not be denied access to education and other programming.

Conclusion:

(a) Boys Village residents 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. This provision corroborated by the PAQ.

(b) Boys Village policy states disciplinary sanctions are commensurate with the nature and circumstances of the incident. Consideration will be taken into the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed under similar circumstances. Office of Juvenile Justice PREA Investigators will also be notified of the incident. The facility does not use isolation. This provision was corroborated by the PAQ and interview with the Director of Operations.

(c) Boys Village policy states 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. This provision was corroborated by the PAQ and interview with the Director of Operations.

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

(e) Boys Village policy states residents are subjected to a formal disciplinary process for contact with staff if upon investigation it is determined that the staff member did not consent to such contact. This provision was corroborated by policy review and the PAQ.

(f) Boys Village policy states no resident will be subjected to a formal disciplinary process for filing any report or incident. 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 even if that report is unsubstantiated by investigators. Boys Village may discipline a resident for filing a grievance related to alleged sexual abuse only where it is demonstrated that the resident filed the grievance in bad faith. This provision was corroborated by policy review and the PAQ.

(g) Boys Village has zero tolerance for any resident that violates the Boys Village policies on sexual abuse or sexual harassment. Sexual contact between residents is strictly prohibited. Boys Village does not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. This provision was corroborated by policy review and the PAQ.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.381

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

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

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

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Intake Screening and Housing Assessment
- LPC Certification (Boys Village mental health practitioner) (*Renewal Date June 30, 2021*)
- Memo: Residents who reported past victimization (*June 20, 2019*)

PAQ Assertions

- The facility reported the percent of residents of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner in the past 12 months was 100%.
- The facility reported the percent of residents who disclosed previously perpetrated sexual abuse, as indicated during screening who were offered a follow up meeting with a mental health practitioner in the past 12 months was 100%.

Interviews

- Staff Responsible for Risk Screening
The Case Manager confirmed if a screening indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institutional setting or in the

community, the resident is offered a follow-up meeting with a medical and/or medical health practitioner within 14 days.

- **Mental Health Staff**

The Clinical Director confirmed youth over the age of 18 are required to give informed consent before reporting prior victimization that did not occur in an institutional setting.

- **Residents who Disclose Sexual Victimization at Risk Screening**

No residents who disclosed sexual victimization during risk screening were present during the on-site audit.

Conclusion:

(a & B) Boys Village policy requires if a resident's intake assessment indicates that he/she has experienced any prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Documentation of such shall be noted on the residents Vulnerability Assessment Instrument. The facility provided a memo stating two residents indicated past sexual victimization on their intake screening assessment in the past 12 months. Services were in place for them prior to their placement at this facility. This provision was corroborated by the PAQ, interview with the Case Manager, and memo regarding services provided.

(c) Boys Village policy states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, as well as necessary Boys Village staff to inform treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Strict confidentiality should always be maintained. This provision was corroborated by the PAQ and interview with the Case Manager.

(d) Boys Village policy states medical and mental health practitioners shall obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the youth is under the age of 18. This provision was corroborated by the PAQ and interview with the Clinical Director.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

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

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.382

(a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

(c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- MOU: Lake Charles Memorial Hospital (*April 29, 2019*)
- Southwest Louisiana Sexual Assault Nurse Examiner/Sexual Assault Resource Team Program
- LPC Certification (Boys Village mental health practitioner) (*Renewal Date June 30, 2021*)
- Service Delivery Agreement: Oasis (victim advocacy) (*August 28, 2018*)

Interviews

- Mental Health Staff

The Clinical Director confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of emergency mental health services is determined according to PREA policy and procedure, and professional judgment.

- Security Staff and Non-Security Staff First Responders

Interviews with staff first responders confirmed they are knowledgeable of their duties when responding to allegations of sexual abuse, including immediate notification of appropriate medical and mental health practitioners.

- Residents who Reported a Sexual Abuse

No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

(a) Boys Village policy states youth who are 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. This provision was corroborated with the PAQ and interview with the Clinical Director.

(b) Boys Village policy states 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.

(c) Boys Village resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. These services are provided at Lake Charles Memorial Hospital upon return from the hospital, any follow-up medications, treatment,

testing, etc. will be completed as ordered. This provision was corroborated with the PAQ and interview with the Clinical Director.

(d) Boys Village policy states 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. Louisiana Law (ACT 229) says that costs for services can be sent to the Louisiana Crime Victims Reparations (CVR). If the patient has Medicaid or Medicare or Tricare the costs can be billed directly to those entities, but not the patient. This provision was corroborated with the PAQ, interview with the SWLA SANE/SART Program Coordinator, and reviewing email correspondence between the Boys Village PREA Coordinator and the SWLA SANE/SART Program Coordinator.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

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

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

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

115.383 (f)

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

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.383

(a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

(e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

(f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h) The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- MOU: Lake Charles Memorial Hospital (*April 29, 2019*)
- Southwest Louisiana Sexual Assault Nurse Examiner/Sexual Assault Resource Team Program
- LPC Certification (Boys Village mental health practitioner) (Renewal Date June 30, 2021)

Interviews

- Mental Health Staff

The Clinical Director interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up mental health services and referrals when needed. He confirmed mental health services are consistent with community level of care. The mental health practitioner interviewed confirmed mental health evaluations of all known resident-on-resident abusers would be completed within 24 hours.

- Residents who Reported a Sexual Abuse

No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

(a) Boys Village shall offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse regardless of where it occurred (any prison, jail, lockup, or juvenile facility). This provision was corroborated with the PAQ and interview with the Clinical Director.

(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. This provision was corroborated with the interview with the Clinical Director.

(c) Boys Village shall provide such victims with medical and mental health services consistent with the community level of care. This provision was corroborated with the interview with the Clinical Director.

(d - e) N/A - All male facility.

(f) Resident victims of sexual abuse while at Boys Village shall be offered tests for sexually transmitted infections as medically appropriate. This provision was corroborated with the PAQ and review of the services provided by the Southwest Louisiana Sexual Assault Nurse Examiner (SANE) Program. Care includes treatment of sexually transmitted diseases.

(g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Louisiana Law (ACT 229) says that costs for services can be sent to the Louisiana Crime Victims Reparations (CVR). If the patient has Medicaid or Medicare or Tricare the costs can be billed directly to those entities, but not the patient. This provision was corroborated with the PAQ, interview with the SWLA SANE/SART Program Coordinator, and reviewing email correspondence between the Boys Village PREA Coordinator and the SWLA SANE/SART Program Coordinator.

(h) Boys Village shall refer all known youth-on-youth abusers for a mental health evaluation within 60 days of learning of such abuse history and comply with treatment recommendations when deemed appropriate by mental health practitioners. This provision was corroborated with PAQ and the interview with the Clinical Director.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.386

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

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

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

(d) The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

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

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (*Revised June 14, 2019*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Sexual Abuse Incident Review Team Meeting Minutes Form

PAQ Assertions

- The facility reported the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility; excluding only unfounded incidents in the past 12 months was two (2).

- The facility reported the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents in the past 12 months was two (2).

Interviews

- **Superintendent Designee**
The Director of Operations confirmed the Boys Village has a sexual abuse incident review team. The team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The team uses the information from the sexual abuse incident review to ensure residents are protected, address any blind spots, and consider more training. He confirmed the team considers motivating factors, examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assesses the adequacy of staffing levels in that area during different shifts, and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- **PREA Coordinator**
The PREA Coordinator revealed he is a member of the PREA Incident Review Team. He confirmed the facility reports its findings using the Sexual Abuse Incident Review Team Meeting Minutes form. The report includes any recommendations for improvement.
- **Incident Review Team**
The Director of Operations confirmed the PREA Incident Review Team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area are assessed for different shifts. He confirmed the PREA Incident Review Team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Conclusion:

(a & b) Boys Village policy states for incidents involving allegations of sexual acts or contact, Boys Village shall conduct an incident review within (30) days of the conclusion of the investigation, unless the allegation has been determined to be unfounded. This will be documented on the Sexual Abuse Critical Incident Review Form provided by OJJ. These provisions were corroborated by the PAQ and reviewing two (2) Sexual Abuse Critical Incident Reviews. Both incident reviews were completed within 30 days of the conclusion of the investigation.

(c) Boys Village policy states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. This provision was corroborated by the PAQ, interview with the Director of Operations, and reviewing two (2) Sexual Abuse Critical Incident Reviews. The incident reviews have a signature page to document all of the individuals involved in the meetings.

(d) Boys Village policy states the review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification.

status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during various shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. The review team will prepare a report of its findings that includes determinations made and any recommendations for improvement and submit such report to the Boys Village Executive Director and PREA Compliance Manager to be reviewed within 10 days of the incident review.

This provision was corroborated by the PAQ, interviews with the PREA Coordinator and Director of Operations, and reviewing two (2) Sexual Abuse Critical Incident Reviews. The Sexual Abuse Critical Incident Reviews form is inclusive of all the provision requirements.

(e) Boys Village policy states the Executive Director and PREA Coordinator will authorize the implementation of recommendations for improvement, or document reasons for not doing so. This provision was corroborated by the PAQ and reviewing two (2) Sexual Abuse Critical Incident Reviews.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

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

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.387

(a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

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

(c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

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

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

(f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (Revised June 14, 2019)
- Louisiana Office of Juvenile Justice Policy A.4.2: Standard Operating Procedures for Contract Providers (November 30, 2017)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Louisiana OJJ 2018 Annual PREA Report
- Survey of Sexual Victimization, 2017 Substantiated Incident Form (Juvenile)
- 2017 Survey of Sexual Victimization, State Juvenile Systems Summary Form
- Unusual Occurrence Reports (UOR's)
- Investigative Services Formal Reports

Conclusion:

(a & c) OJJ policy states the agency shall collect data which can be utilized to reduce the risk of sexual abuse and sexual harassment occurring within its secure care and contract facilities. The Agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include the data necessary to answer all questions from the most recent version of the "Survey of Sexual Victimization" conducted by the U.S. DOJ.

OJJ collects accurate, uniform data for every allegation with UOR's, Investigative Services Formal Reports, and the Survey of Sexual Victimization, 2017 Substantiated Incident Form (Juvenile). This information includes the data necessary to answer all questions from the Survey of Sexual Victimization, 2017 State Juvenile Systems Summary Form.

This provision was corroborated by the PAQ and reviewing Unusual Occurrence Reports, Investigative Services Formal Reports, and Survey of Sexual Victimization, 2017 Substantiated Incident Forms.

(b) OJJ policy states the agency shall aggregate the incident-based sexual abuse data at least annually. This provision was corroborated by the PAQ and reviewing the Louisiana OJJ 2018 Annual PREA Report. The report includes data for secure facilities and residential contract providers.

(d) OJJ policy states 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. This provision was corroborated by Investigative Services Formal Reports and sexual abuse incident reviews, and reports.

(e) OJJ also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its youths pursuant to YS Policy Nos. A.4.2 and A.4.3. The agency includes incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data is reported in the 2018 OJJ Annual PREA Report.

(f) Upon request, all such data from the previous calendar year shall be provided to the U.S. DOJ no later than June 30th. The U.S. Department of Justice Bureau of Justice Statistics requested OJJ to complete the Survey of Sexual Victimization, 2017 State Juvenile Systems Summary Form. The auditor reviewed the completed summary form.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data collection. No corrective action is required.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

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

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.388

(a) The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

(1) Identifying problem areas;

(2) Taking corrective action on an ongoing basis; and

(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

(b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

(c) The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (Revised June 14, 2019)
- Louisiana OJJ Policy C.2.11 Prison Rape Elimination Act (PREA) (March 21, 2019)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Louisiana OJJ 2018 Annual PREA Report

Interviews

- Agency Head

The OJJ Deputy Secretary confirmed he approves the Annual PREA Report and OJJ uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training by identifying problem areas and taking corrective actions. All identifying information is redacted from the report.

- PREA Coordinator

The OJJ PREA Coordinator confirmed the facility reports incidents of sexual abuse and sexual harassment to be included in the data OJJ collects and aggregates in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.

Conclusion:

(a) Boys Village sexual abuse and sexual harassment data is reported through OJJ. OJJ policy states the agency shall review data collected and aggregated 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. This provision was corroborated by the PAQ, reviewing the OJJ 2018 Annual PREA Report, and interviews with the OJJ Deputy Secretary and OJJ PREA Coordinator.

(b) OJJ policy states the 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 auditor reviewed the OJJ 2018 Annual PREA Report. The reports included a comparison of the 2018 data and corrective actions from 2016 and 2017.

(c) OJJ policy states the agency's report shall be approved by the Deputy Secretary and made readily available to the public through the Office of Juvenile Justice (OJJ) website at <http://www.ojj.la.gov/>.

This provision was corroborated by reviewing the OJJ 2018 Annual PREA Report and interview with the OJJ Deputy Secretary. The report is approved by the OJJ Deputy Secretary and published at <https://ojj.la.gov/wp-content/uploads/2019/02/PREA-2018-annual-report.pdf>.

(d) OJJ policy states 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. This provision was corroborated by the PAQ, reviewing the OJJ 2018 Annual PREA Report, and interviews with the OJJ PREA Coordinator and Boys Village PREA Coordinator. The report states "all personal identifiable information, including, name, gender, and age has been redacted from this report".

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.389

(a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained.

(b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

(d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The auditor gathered, analyzed and retained the following evidence related to this standard:

Policy

- Boys Village PREA Policy and Procedures Implementation Plan (Revised June 14, 2019)
- Louisiana Office of Juvenile Justice Policy: C.2.11 Prison Rape Elimination Act (PREA) (March 21, 2019)
- Louisiana Office of Juvenile Justice Policy: A.1.9 Records Management and Retention (*October 31, 2017*)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Survey of Sexual Victimization, 2016 State Juvenile Systems Summary Form
- Louisiana OJJ 2018 Annual PREA Report

Interview

- PREA Coordinator
The OJJ PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. She confirmed the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the data.

Conclusion:

(a) OJJ policy states the agency shall ensure that data collected pursuant to §115.387 is securely retained. This provision was corroborated by the PAQ, review of the OJJ 2018 Annual PREA Report, and interviews with the Deputy Secretary and OJJ PREA Coordinator.

(b) OJJ policy states after removal of personal identifiers, 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 OJJ website. All aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts are available at <https://ojj.la.gov/wp-content/uploads/2019/02/PREA-2018-annual-report.pdf>. This provision was corroborated by the PAQ, review of the OJJ 2018 Annual PREA Report, observing the OJJ website, and interview with the PREA Coordinator.

(c) OJJ policy states after removal of personal identifiers, 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 the OJJ website. This provision was corroborated by observing the OJJ website, reviewing the published OJJ 2018 Annual PREA Report, and observing personal identifiers have been removed.

(d) OJJ policy states The Agency shall maintain sexual abuse data collected pursuant to Paragraph B of this Section for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise. This provision was corroborated by reviewing policy, and reviewing data. OJJ maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.401

(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

(b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

(c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

(d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

- (e) The agency shall bear the burden of demonstrating compliance with the standards.
- (f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.
- (g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.
- (h) The auditor shall have access to, and shall observe, all areas of the audited facilities.
- (i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).
- (j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.
- (k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.
- (l) The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watch tour) that may be relevant to the provisions being audited.
- (m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.
- (n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.
- (o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Interviews
- Research
- Policy Review
- Document Review
- Observations during onsite review of facility

Conclusion:

Boys Village is a single facility agency. This is the first PREA compliance audit for the facility.

The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.403

(a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

(b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: 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). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

(d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

(e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

(f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- PREA Audit: Pre-Audit Questionnaire for Boys Village
- Policy Review
- Documentation Review
- Interviews
- Observations during onsite review of facility

Conclusion:

All Louisiana OJJ PREA Audit Reports are published on the agency's website at:

<https://ojj.la.gov/policies-systems/federal-laws/prea/ojj-prea-resourcesreports/>

The Boys Village 2019 Final PREA Audit Report will be published on the OJJ website. The auditor observed other contract private provider reports published on the OJJ website.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Robert B. Latham

July 25, 2019

Auditor Signature

Date

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

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