

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report December 1, 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 3-5, 2019

Agency Information

Name of Agency Louisiana Office of Juvenile Justice		Governing Authority or Parent Agency (If Applicable) N/A	
Physical Address: 7919 Independence Blvd.		City, State, Zip: Baton Rouge, Louisiana 70806	
Mailing Address: same as physical address		City, State, Zip: same as physical address	
Telephone: (225) 287-7900		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 type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Office of Juvenile Justice protects the public by providing safe and effective individualized services to youth, who will become productive law-abiding citizens.			
Agency Website with PREA Information: http://www.ojj.la.gov/			

Agency Chief Executive Officer

Name: James Bueche	Title: President
Email: James.Bueche@la.gov	Telephone: (225) 287-7937

Agency-Wide PREA Coordinator

Name: Yezette White	Title: PREA Coordinator
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Email: Yezette.White@la.gov	Telephone: (504) 568-4533
PREA Coordinator Reports to: Ellyn Toney, Chief of Operations, CQIS	Number of Compliance Managers who report to the PREA Coordinator 3

Facility Information

Name of Facility: Swanson Center for Youth			
Physical Address: 4701 South Grand Street, Monroe, LA 71202 and 132 Hwy 850, Columbia LA 71418			
Mailing Address (if different than above): same as physical address			
Telephone Number: (318) 362-5000 (Monroe); (318) 649-2385 (Columbia)			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
Facility Mission: The Office of Juvenile Justice protects the public by providing safe and effective individualized services to youth, who will become productive law-abiding citizens.			
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: Jabari Ransome	Title: Facility Director
Email: Jabari.Ransome@la.gov	Telephone: (318) 651-4810

Facility PREA Compliance Manager

Name: Sonjia Kinsey	Title: PREA Coordinator
Email: Sonjia.Kinsey@ la.gov	Telephone: (318) 651-4881

Facility Health Service Administrator

Name: Qiana Armstead	Title: Health Services Administrator
Email: QArmstead@Wellpath.us.com	Telephone: (318) 362-5000 ext. 4891

Facility Characteristics

Designated Facility Capacity: 144	Current Population of Facility: 126
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Number of residents admitted to facility during the past 12 months		208
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		208
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		208
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	13-20	
Average length of stay or time under supervision:		1 year
Facility Security Level:		Maximum
Resident Custody Levels:		Medium to Maximum
Number of staff currently employed by the facility who may have contact with residents:		288
Number of staff hired by the facility during the past 12 months who may have contact with residents:		225
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		38
Physical Plant		
Number of Buildings: 47		Number of Single Cell Housing Units: 2
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		12
Number of Segregation Cells (Administrative and Disciplinary):		32
<p>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.):</p> <p>The camera system at Swanson Center for Youth (SCY) is a digital system that exist throughout the facility. There are viewing capabilities in 7 dorms; the gym area the dining hall and the recreation area known as the "Boy's Club". All of these areas combined allow for viewing of eighty-one (81) cameras. The SCY Main Control and the Director's Office are equipped with monitors for viewing capability only and the monitoring observed is in "Real Time" only. Only investigators at the facility have the capability to review in real time, playback and download video. The activity in these areas is recorded and stored on DVRs, which can store up to 50 days of recordings. The camera system at Swanson Center for Youth (SCY) Columbia is a digital system that exist throughout the facility. There are viewing capabilities in 4 dorms, the dining hall and the school. All of these areas combined allow for viewing of 37 cameras, all of which are functional. The Columbia Main Control and Director's Office are equipped with monitors for viewing capability only and the monitoring is observed in "Real Time" only. Investigators at the facility have the capability to review in real time, playback and download video. The activity in these areas is recorded and stored on DVRs, which can store up to 50 days of recordings.</p>		
Medical		
Type of Medical Facility:		Infirmary
Forensic sexual assault medical exams are conducted at:		St. Francis Medical Center

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	133
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	10

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 the Swanson Center for Youth (SCY) was conducted June 3-5, 2019. The parent agency for SCY is the Louisiana Office of Juvenile Justice (OJJ). Swanson Center for Youth is located at 4701 South Grand Street, Monroe, LA 71202 and 132 Hwy 850, Columbia LA 71418. 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 18, 2018. There are no known existing conflicts of interest or barriers to completing the audit.

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 25, 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 blue paper. The audit notices were placed throughout the facility, in places visible to all residents and staff and at the front gate where the public would be notified. Pictures of the posted audit notices were emailed to the auditor on April 25, 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 20, 2019. The PAQ was completed on May 13, 2019. The documentation was well organized by standard. The PREAS Coordinator emailed a USB flash drive to the auditor. The flash drive included the following:

- Swanson Center for Youth PREA Audit: Pre-Audit Questionnaire – Juvenile Facilities
- Population Reports for the 1st, 10th, and 20th of the 12-month audit period
- The OJJ Mission Statement

- The OJJ Vision Statement
- OJJ Policies and Procedures
- Supporting Documentation for Each 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

SCY provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided on day one of the onsite phase of the audit.
Youthful inmates/detainees	N/A (SCY 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	One bisexual youth was identified.
Transgender or Intersex Residents	None were identified.
Residents in segregated housing	N/A (SCY does not have segregated housing used for victims of sexual abuse.)
Residents in isolation	None were identified or observed.
Residents who reported sexual abuse	Two residents had recently reported allegations of youth-on-youth sexual abuse. The investigations were in progress.
Residents who reported sexual victimization during risk screening	None were identified.
Complete Staff Roster	The staff roster and schedule were provided on the first day of 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. All medical staff are contracted with Wellpath.
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	Six (6) 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	27
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	27
All hotline calls made in the 12 months preceding the audit	OJJ provided daily hotline activity logs for the past 12 months. Two hundred twenty-six (226) calls were received: twenty-seven (27) calls alleged sexual abuse or sexual harassment.

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)	The Wellspring Alliance for Families (Victim Advocacy) (318) 323-1505 http://wellspringofnela.org/sexual-assault-program/ The auditor interviewed the patient advocate and confirmed victim advocacy would be made available.
SAFE/SANE Programs	Ouachita Parish Coroner's Office (318) 323-1505 – Patient Advocate The auditor interviewed the patient advocate and confirmed a SANE would be made available.
Local Hospital	St. Francis Medical Center https://stfran.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

- Two juveniles escape from the Swanson Center for Youth (*July 19, 2019*)
<https://www.knoe.com/content/news/Two-juveniles-escape-from-the-Swanson-Center-for-youth-512957711.html>
- Pursuant to LSA R.S. 13:5713 F as amended by Act 229 of the 2015 Louisiana Legislature, the coroner or his designee shall examine all alleged victims of a sexually oriented criminal offense. The coroner may select the hospital or healthcare provider named as the lead entity for sexual assault examinations in the regional plan required by R.S.40:1216.1 as his designee to perform the forensic medical examination.
- 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 PREA Coordinator, Liaison, Intake Supervisor, and a Juvenile Justice Supervisor VI. Introductions were made, the agenda for the three days was discussed, and the auditor and PREA Coordinator began a thorough review of the policies and supporting documentation. Staff interviews and the site review followed.

Site reviews Monroe and Columbia

Monroe - 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. The auditor reviewed all of the housing units including Apple, Holly A, Holly D, Cypress, Red Bud, Pecan, Pine, the Mental Health Treatment Unit (MHTU), Transitional Mental Health Unit (TMHU), Willow, and Evergreen. The THMU was temporarily housed in Evergreen and Willow was temporarily housed in TMHU. The auditor reviewed school, intake area, medical and dental facilities, chapel, gymnasium, school, kitchen/dining room, and staff offices. On both days of the onsite audit the population of the facility was seventy-three (73) juveniles.

Columbia - The tour of SYC Columbia revealed the smaller of the two facilities had cameras placed tactically throughout the facility to minimize blind spots. Monitors are located in a central control center. Individuals with access to video monitoring include the Columbia Deputy Director, Assistant Deputy Director, and Investigative Services in Monroe. The auditor reviewed all four housing units. They are Endeavor, Challenger, Discovery, and Atlantis. Other areas reviewed include the school, kitchen, dining hall, warehouse, medical facilities, gymnasium, and outdoor recreation areas. During the onsite audit the population of the facility was forty-eight (48) juveniles.

Processes and areas observed

The auditor observed the intake dorm. The intake staff described how the PREA PowerPoint is shown to the youth and they are given a copy. She discusses the zero-tolerance policy toward sexual abuse and sexual harassment. Each youth is given a pamphlet with contact information for reporting sexual abuse and sexual harassment. She also reviews the PREA posters with the residents. 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.

Staff 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.

The auditor observed maintenance workers installing new shower doors in the MHTU. Previously the two shower areas were open to the unit and visible to both male and female staff. One shower was enclosed during the onsite phase of the audit and the other soon afterward. The PREA Coordinator emailed the auditor pictures of the completed shower enclosures for verification.

Specific area observations

Cameras were located throughout the facilities. 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 118 cameras. Staff supervision and the video surveillance system mitigate blind spots.

Exit debriefing

An exit briefing was held with the OJJ Chief of Operations, OJJ Deputy Assistant Secretary, PREA Coordinator, PREA Compliance Manager, Facility Director, Deputy Director, Assistant Director, Social Service Supervisor, LAMOD Coordinator, and several Juvenile Justice Specialists. The auditor discussed the onsite audit. During the debriefing and afterward the auditor and PREA Coordinator discussed the following areas of concern and agreed to corrective action plans.

§ 115.313

Review of shift packets demonstrated the facilities were not in compliance with the required staffing ratios. The agency agreed to address this as a corrective action.

§ 115.317

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.

§ 115.341

Periodic reassessments were not being conducted consistently. The agency agreed to address this as a corrective action. The agency agreed to clarify in policy the requirement for risk reassessments every six months and add a reassessment date to the risk assessment form.

§ 115.386

Incident Review Team Meetings do not ordinarily occur within 30 days of the conclusion of investigation. To achieve compliance the facility must conduct the incident review team meetings within 30 days of conclusion of investigation. The agency agreed to address this as a corrective action

Interview Logistics

Location and Privacy

Most of the interviews were held in an office and a conference room that provided privacy and was centrally located to minimize disruption of daily activities and programming. One interview was held in a living unit upon learning of a new sexual abuse allegation. Some staff interviews were held by phone during the post onsite phase of the audit process.

Selection Process

Specialized staff were selected based on their respective duties in the facility. Twenty-four (24) direct care workers, randomly selected from every shift, were interviewed using the random staff interview protocol. Twenty-six (26) residents, randomly selected from each housing unit, were interviewed using the random resident interview questionnaire. The resident population was seventy-three (73) juveniles on the first two days of the audit and forty-eight (48) juveniles on the third day of the audit. There were three (3) target interviews identified or discovered through interviews. One (1) resident identified as bisexual and two (2) were identified as recently alleging youth-on-youth sexual abuse.

Interview Protocols	Number of Interviews
Administration and Agency Leadership	
Agency Head (Deputy Secretary)	1
Facility Director	1
PREA Coordinator	1
PREA Compliance Manager	1
Specialized Staff	
Medical Staff	1
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	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	1
Investigative Staff	1
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 Member 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	10
Second Shift	8
Third Shift	6
Total Random Sample of Staff	24
Volunteers Contractors who have Contact with Residents	
Volunteers	4
Contractors	2
Residents	
Random Sample of Residents from all Housing Units	24
Targeted Residents	

Residents who Reported a Sexual Abuse	Two (2) identified
Residents with Cognitive Disabilities	None identified
Residents with Physical Disabilities	None identified
Limited English Proficient Residents	None identified
Gay, Lesbian, and Bisexual Residents	One (1) bisexual resident 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	47
Total Number of Resident Interviews	26
Total Number of Interviews	73

Interviewed Residents Length of Time at Facility

Days or Months	Number of Residents
1 Day to 31 Days	5
32 Days to 6 Months	11
7 Months to 12 Months	2
13 Months Plus	8
Total	26

Records Review

Name of Record	Total Records Reviewed
Personnel Records	17
Volunteers and Contractors Files/Documentation	78
Staff Training Files/Documentation/Records	26
Resident Records	31
Medical/Mental Health Records and Documentation for Victims	2
Grievance Forms (Sexual Abuse and Sexual Harassment)	6
All Incident Reports (Sexual Abuse and Sexual Harassment)	40 (13 investigations are in progress.)
Investigation Records (Sexual Abuse and Sexual Harassment)	27 (Final Reports)

Investigative Files

Youth-on-Youth Sexual Victimization	Substantiated	Unsubstantiated	Unfounded	
Nonconsensual Sexual Acts	0	0	0	
Abusive Sexual Contact	1	2	1	
Sexual Harassment	2	1	9	
Staff-on-Youth Sexual Abuse				
	Substantiated	Unsubstantiated	Unfounded	
Staff Sexual Misconduct	0	5	4	
Staff Sexual Harassment	0	0	2	
Reporting Method				
Reporting Method	Sexual Abuse		Sexual Harassment	
	Youth-on-Youth	Staff-on-Youth	Youth-on-Youth	Staff-on-Youth
Hotline	1	2	3	0

Grievance	0	2	1	1
Verbal Report	0	3	2	0
Anonymous	0	0	0	0
Third Party	0	1	0	0
Reports by Staff	4	0	6	0
Ombudsman	0	0	0	1

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	Louisiana Office of Juvenile Justice
Facility Name Information	Swanson Center for Youth; Columbia Annex
Accrediting Organization	American Correctional Association (ACA)
Facility Address	4701 South Grand Street, Monroe, LA 71202 and 132 Hwy 850, Columbia LA 71418
Age of Facility	Swanson 1902; Columbia 2010
Total Facility Rated Capacity	192
Resident Population Size and Makeup	
Average daily population in the last 12 months	133
Actual population on day 1 of the onsite portion of the audit	121
Population Gender	Male
Population Ethnicity	Multiethnic
Length of Stay	1 year
Staff Size and Makeup	
Total Staff Size	288
Number of Security Staff (direct care)	171
Types of Supervision Practiced	Direct Supervision
Number of Volunteers and Contractors who may have contact with residents	133 (includes Wellpath contracted medical and mental health staff)
Number of Interns who may have contact with residents	0
Number and Type of Housing Units	
Number of single-occupancy housing units	2
Number of double-occupancy cells	0
Number of open-bay dorms	12
Number of segregation/isolation units	32

Number of medical units	1
Number of closed units	3
Type of Supervision (direct or indirect)	Direct
Video Monitoring	118 cameras

Facility Operations

Physical Plant Description

The Louisiana Youth Services, Office of Juvenile Justice (OJJ) Swanson Center for Youth (SCY) is located in Monroe and Columbia, Louisiana.

SYC Monroe is located on approximately 600 acres within the city limits of Monroe, Louisiana. The facility has a capacity for 144 male youth. The campus consists of an administration building, chapel, gymnasium, infirmary, dining hall and kitchen, maintenance buildings, a warehouse, laundry facilities, three school buildings, a control center, gatehouse, staff development building, records building, carpentry shop, welding shop, mechanical building, ten dormitories, and outdoor recreation space. The campus is surrounded by a ten-foot chain link fence topped with razor wire. The administration building is located outside the fence. Entrance to the campus is gained through a fenced in sally port for vehicles. Individuals enter by foot through the adjacent gatehouse and then through the sally port.

SYC Columbia is located on 10 acres in nearby Columbia, Louisiana. The facility has a capacity for 48 male youth. The campus consists of an administration building, dining hall and kitchen, a maintenance building, infirmary, school, four dormitories and outdoor recreation space. The buildings are surrounded by a ten-foot chain link fence. Entrance to the campus is gained through a fenced in sally port with electronic gates for both vehicles and foot traffic.

Services Available

Treatment Services - An array of treatment and program services is available for youth in OJJ secure care facilities. Youth receive various services based on assessments. All youth participate in LAMOD (the Louisiana Model for Secure Care). LAMOD is an integral part of the juvenile justice reform movement. With assistance from the Missouri Youth Services Institute (MYSI), OJJ and the Casey Strategic Consulting Group (CSCG) designed LAMOD, an approach tailored to Louisiana's unique environment, dynamics, and needs. LAMOD provides a therapeutic environment that focuses on youth and staff interacting in small groups, involving family, and fostering positive peer culture. LAMOD prepares youth for re-entry into the community as productive citizens.

Additionally, treatment programs include a mental health unit, transitional mental health, dialectical behavioral therapy, sex offender treatment, substance abuse treatment, pre-release/life skills, anger management, victim awareness, conflict resolution, healthy masculinity, cognitive behavior program, FAST TRACK, and the Victory Transitional Treatment Unit.

Educational and Vocational Programs - Educational programs include alternative high school, special education, Pre-GED and GED course work. Vocational Education programs include welding carpentry, horticulture, and OSHA.

Health Services - The Office of Juvenile Justice contracts with a provider (Wellpath) for comprehensive medical, mental health and dental care for youth housed in secure care facilities. Quality health-related services are provided through a multidisciplinary team approach, which acknowledges the needs of

youth, delivers clinically appropriate and medically necessary services, and promotes healthy behaviors and lifestyle changes to encourage prevention and wellness.

Upon admission, each youth receives a comprehensive health care screening that includes a health history, complete physical examination, immunization status and administration of missed vaccines, dental evaluation and prophylaxis, vision screening, hearing screening, psychiatric evaluation as indicated, and routine laboratory studies.

Physician, psychiatric, and dental services are provided at each site. Additionally, registered nurses manage and coordinate the health care needs of our youth. Nurses conduct sick call, pill call, and health education, and serve as liaisons between on-site and off-site providers 24 hours a day. Each facility has a well-equipped infirmary, staffed by qualified medical personnel at all times. Referrals, follow-up health care and treatment are arranged with community partners. In addition, each site has a provision for emergency medical care should it become necessary.

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: 2

Standard 115.331 Employee training

Standard 115.351 Resident reporting

Number of Standards Met: 41

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 115.313 Supervision and monitoring

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 115.321 Evidence protocol and forensic medical examinations

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

Summary of Corrective Action (if any)

Standard 115.313

Provision (c) Shift reports indicate ratios were not being met during resident waking hours. The frequency of deviation exceeded discreet or exigent circumstances.

The agency provided the following plan, "OJJ is always actively seeking new staff for its secure facilities and is currently in the process of hiring additional staff to fill Juvenile Justice positions at SCY. Staff will continue to document daily staffing patterns. The PREA Coordinator will regularly review shift packets and submit information to Regional Director, Facility Director, Deputy Director, and PREA Coordinator on a bi-weekly basis who will regularly monitor and assess these staffing patterns and needs."

Beginning August 9, 2019 and ending October 31, 2019, the PREA Compliance Manager emailed the shift packets/reports. The auditor reviewed the documentation and provided feedback on a weekly basis. The documentation showed the facilities maintained complaint staffing ratios with no deviations.

Standard 115.317

Provisions (a & f) SCY 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.

(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.

All current employees answered the three questions about previous misconduct. The agency provided this documentation to the auditor for verification of compliance with this standard provision September 3, 2019. They used the "PREA Questionnaire" to record the responses.

Additionally, these questions must be asked in written applications or interviews for hiring or promotions. The agency updated the employee application June 20, 2019 to include these three questions and emailed examples of the updated application form to the auditor for verification on August 9, 2019.

Lastly, these questions must be asked in any interviews or written self-evaluations conducted as part of reviews of current employees. SYC conducts performance appraisals for all staff in July of each year. PREA Questionnaires for performance appraisals were emailed to the auditor on August 9, 2019 for verification.

Standard 115.341

Provision (a) requires periodically throughout a resident's confinement the resident's risk level is reassessed to reduce the risk of sexual abuse by or upon a resident. The reassessments were not being conducted consistently and the forms lacked a date of reassessment. OJJ updated policy to require the reassessments are conducted every six (6) months and included a reassessment date on the forms. Six-month risk reassessments were emailed to the auditor, throughout the 90 day corrective action period, for verification. This corrective action was completed October 15, 2019.

Standard 115.386

Provision (b) Incident Review Team Meetings did not ordinarily occur within 30 days of the conclusion of investigation. To achieve compliance the facility must conduct the incident review team meetings within 30 days of conclusion of investigation. During the 90 corrective action period the facility conducted the incident reviews according to the standard requirement and emailed them to the auditor for verification. This corrective action was completed October 29, 2019.

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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- OJJ Organizational Chart
- SCY Organizational Chart
- Designation of Agency Wide PREA Coordinator
- Memorandum Designating Facility PREA Compliance Manager

Interviews

- Agency Wide PREA Coordinator
The Agency PREA Coordinator confirmed she has sufficient time and authority to develop, implement, and oversee Agency efforts to comply with the PREA Juvenile Standards in all its facilities.
- Facility PREA Compliance Manager
The Facility PREA Compliance Manager confirmed she has sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

Conclusion:

(a) OJJ has a comprehensive PREA Policy. The policy states OJJ is committed to a zero- tolerance standard for all forms of sexual abuse and sexual harassment. The policy outlines the agency's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. OJJ policies address prevention of sexual abuse and sexual harassment through appropriate hiring and staffing of facilities, the designation of an agency PREA Coordinator, the designation of facility PREA Compliance Managers, staff supervision, identifying opportunities to separate and monitor sexually aggressive youth and potential victims, housing assignments, criminal background checks, staff training, resident education, PREA posters and educational materials, and creating a facility culture that discourages sexual aggression, abuse and harassment. The policies address detection of sexual abuse and sexual harassment through resident education, providing specific treatment for youth with disabilities, providing protections for viewing and searches, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through increasing awareness of safe reporting mechanisms and available services to victims, continuing education of staff and youth, investigations, disciplinary sanctions for residents and staff, victim advocates, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

(b) OJJ has designated a PREA Coordinator. The interview confirmed she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

(c) SCY has designated a PREA Compliance Manager. The interview confirmed she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

Based upon review and analysis of the available evidence, the auditor has determined OJJ and SCY 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Contracts for the Confinement of Residents with Private Agencies

PAQ Assertion

- The agency 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 nineteen (19).

Interviews

- Agency Contract Administrator
Interview with the PREA Coordinator confirmed any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Conclusion:

(a) OJJ includes in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. OJJ contracts for the confinement of its residents with private agencies or other entities include the following language, "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42. U.S.C. 15601 Et. Seq.), and with all applicable PREA Standards, YS Policies related to PREA, and Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within YS Facilities/Programs /Offices owned, operated or contracted."

(b) Contract renewals provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. OJJ contracts for the confinement of its residents with private agencies or other entities include the following language, "Contractor acknowledges that, in addition to "self-monitoring requirements" YS will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Contractor will work with the Office of Juvenile Justice PREA Coordinator in scheduling audits in accordance with the agency audit cycle established by YS. Failure to comply with PREA, including PREA Standards and U.S. Policies, or to pass the PREA audit after any corrective action period may result in the termination of the contract. Contractor is required to comply with all applicable provisions of the Louisiana Children's Code."

These provisions were corroborated with the PAQ, reviewing nineteen (19) contracts for the confinement of residents with private agencies, and interview with the PREA Coordinator.

Based upon the review and analysis of the available evidence, the auditor confirmed OJJ 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy A.1.14 Unusual Occurrence Reports
- YS Policy A.2.14 Secure Care Facility Staffing

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- SCY/SCYC Staffing Plan Assessment (*May 13, 2019*)
- Shift Reports: Ratios
- Documented Deviations from Staffing Plan
- Supervisory Monitoring Logs (unannounced rounds)
- Unusual Occurrence Reports Form

PAQ Assertions

- Since the last PREA audit the average daily number of residents reported was one hundred thirty-three (133).
- Since the last PREA audit the average daily number of residents on which the staffing plan was predicated reported was one hundred thirty-three (133).
- The six most common reasons for deviating from the staffing plan in the past 12 months: staff illness, staff injury, family illness, family emergency, natural disaster and vacation

Interviews

- Superintendent
The Facility Director confirmed SCY 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 shift reports. He reported the facility has deviated from the staffing plan during the past 12 months and documents deviations when they occur. He confirmed ratios are required to be 1:8 during resident waking hours and 1:16 during resident sleeping hours.
- PREA Coordinator
The PREA Coordinator confirmed being consulted regarding any assessments of, or adjustments to, the staffing plan for SCY. She confirmed the staffing plan was reviewed May 13, 2019. Assessments of the facility staffing plan occur annually and consider all factors required by the standard.
- Facility PREA Compliance Manager
The PREA Compliance Manager confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard.
- Intermediate or Higher-Level Facility Staff
The interview with a Juvenile Justice Supervisor confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur.

Conclusion:

(a) OJJ policy states each facility shall develop, implement, maintain and document a staffing plan that provides adequate levels of staffing and, where appropriate, video monitoring to protect youths from sexual abuse, pursuant to YS Policy No. A.2.14.

Each facility shall develop, implement, and document a staffing plan that provides for adequate level of staffing, and where applicable, video monitoring, to protect youth against all forms of abuse. In

calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration the following:

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 youth may be isolated);
6. The composition of the youth population;
7. The number and placement of supervisory staff;
8. Facility programs occurring on a particular shift;
9. Any applicable State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incident of sexual abuse; and
11. Any other relevant factors.

This provision was corroborated by the PAQ, Facility Staffing Plan, interviews with the Facility Director and PREA Compliance Manager, and reviewing the documented unannounced rounds.

(b) OJJ policy states the facility shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances. Deviations from the staffing plan are documented on shift reports. This provision was corroborated by the PAQ, shift reports, and interview with the Facility Director.

(c) OJJ policy states the 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. This provision was determined to be in noncompliance. Shift reports revealed staff ratios, during resident waking hours, were not met at a level that exceeds discreet exigent circumstances. Additionally, the interview with the Facility Director corroborated noncompliance with this provision.

(d) OJJ policy states once each year, in consultation with the PREA Coordinator required by U.S. DOJ PREA Standard 115:311, YS shall assess, determine, and document whether adjustments are needed to the following:

1. The staffing plan established pursuant to Section VI. A;
 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.
- Steps taken to address any identified necessary adjustment to staffing patterns and deployment of monitoring systems shall be documented by the PREA Coordinator and affected facility PREA Compliance Manager for review by the U.S. DOJ.

This provision was corroborated by the PAQ, policy review, interview with the PREA Coordinator and reviewing the Annual Facility Staffing Assessments.

(e) OJJ policy states facility Standard Operating Procedures (SOPs) shall implement practices requiring intermediate or higher-level supervisors to conduct and document unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment, pursuant to YS Policy No. C.2.19. Facility SOPs shall prohibit staff from alerting other staff of the occurrence of supervisory rounds unless it is related to legitimate operational functions. Any unusual events or observations made during the performance of an unannounced round must be documented on an Unusual Occurrence Report as

indicated in YS Policy No. A.1.14 "Unusual Occurrence Report". 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 is fully in compliance with this standard regarding supervision and monitoring. Shift reports indicated ratios were not being met during resident waking hours. The frequency of deviation exceeded discreet or exigent circumstances. Corrective action is complete as of November 6, 2019.

Corrective action:

Standard 115.313

Provision (c) Shift reports indicate ratios were not being met during resident waking hours. The frequency of deviation exceeded discreet or exigent circumstances.

The agency provided the following plan, "OJJ is always actively seeking new staff for its secure facilities and is currently in the process of hiring additional staff to fill Juvenile Justice positions at SCY. Staff will continue to document daily staffing patterns. The PREA Compliance Manager will regularly review shift packets and submit information to Regional Director, Facility Director, Deputy Director, and PREA Coordinator on a bi-weekly basis who will regularly monitor and assess these staffing patterns and needs."

Beginning August 9, 2019 and ending October 31, 2019, the PREA Coordinator emailed the shift packets/reports. The auditor reviewed the documentation and provided feedback on a weekly basis. The documentation showed the facilities maintained complaint staffing ratios with no deviations.

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.

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

Policy

- YS Policy A.2.24 Staff Development and Training Plan
- YS Policy B.2.20 Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth
- YS Policy C.2.3 Searches of Youth
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Staff Training Records - (Cross-gender and Transgender Pat Searches)
- Unusual Occurrence Report (UOR) Form

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 (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. 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. Staff interviewed confirmed they announce their presence when entering a housing unit of the opposite gender. 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. Residents interviewed stated female staff 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) OJJ policy states cross-gender strip searches or visual body cavity searches are prohibited except in exigent circumstances or when performed by medical practitioners. 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) OJJ policy states cross-gender pat-down searches are prohibited unless exigent circumstances are present. The PAQ and resident and staff interviews corroborate no cross-gender pat-down searches have occurred in the past 12 months.

(c) OJJ policy states pursuant to YS Policy Nos. B.2.20 and C.2.3, when cross-gender searches occur they must be justified and documented on an Unusual Occurrence Report (UOR) by the employee conducting the search and a witness to the search. Cross-gender pat-down searches shall be justified and documented on a UOR when they occur. This provision is corroborated by the PAQ and review of the UOR.

(d) OJJ policy states youth 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 cell checks. Cross-gender staff shall announce their entrance into housing areas. This provision is corroborated by the PAQ, observations during the site review and interviews with residents and staff.

(e) OJJ policy states searches, or physical exams of transgender or intersex youth shall not be utilized solely to determine genital status. Alternative methods of determining status if necessary shall be utilized. The PAQ states there were no searches of this manner in the past 12 months.

(f) OJJ policy states staff shall be appropriately trained on conducting cross-gender pat-down searches, and searches of transgender and intersex youth pursuant to YS Policy Nos. A.2.24 and B.2.20. 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- MOU: 1-World Language LLC
- Youth Safety Guide Pamphlet - English & Spanish
- Youth PREA Orientation - English & Spanish
- Special Education Teachers' Certificates

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
The Deputy Director confirmed OJJ 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) OJJ policy states youth with disabilities shall have an equal opportunity to participate in and benefit from all aspects of YS's efforts to prevent, detect, and respond to injurious sexual conduct and sexual harassment. When necessary to ensure effective communication, youth with hearing deficits shall be provided an interpreter. Written materials shall be provided in a format which ensures effective communication with youth with disabilities. YS is not mandated to take steps which would result in a fundamental alteration in a service program or activity or in undue financial and administrative burdens in accordance with Title II of the American with Disabilities Act (ADA). This provision was corroborated by the PAQ, reviewing of related documents, and interview with the Deputy Secretary.

(b) OJJ policy states the agency shall provide youth education in formats accessible to all youths, including those who are limited English proficient. 1-World Language LLC provides interpreter services for limited English proficient residents. This provision was corroborated by the PAQ, reviewing the MOU with 1-World Language LLC, pamphlets, orientation materials, and teacher's special education certificates.

(c) OJJ policy states youth interpreters, readers or assistants shall not be relied upon except where an

extended delay in obtaining an effective interpreter could compromise a youth's safety, the performance of first-responder duties under US DOJ PREA Standard 115.364, or the investigation of the youth's allegations. 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. 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.

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

Policy

- YS Policy A.2.18 Criminal Record Check
- YS Policy C.2.11 Prison Rape elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Background Checks
- Child Abuse and Neglect Registry Checks
- Updated employment application form
- PREA Questionnaires

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 two hundred twenty-five (225).

- 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 thirty-eight (38).

Interview Results

- Administrative (Human Resources) Staff

The interview with the Administrative Program Specialist confirmed SCY 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 in any interviews or written self-evaluations conducted as part of reviews of current employees.

Conclusion:

(a) OJJ policy states the agency 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 on 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. The auditor reviewed personnel records and determined these questions are not being asked as required by the standard provision.

(b) OJJ policy states incidents of sexual harassment shall be considered when making decisions to hire, promote or enter into contracts. The PAQ and interview with the Administrative Program Specialist confirmed this provision is followed.

(c & d) OJJ policy requires the following checks shall occur:

- a. The Unit's HR Liaison shall perform a criminal background check pursuant to YS Policy No. A.2.18;
- b. PSS/HR shall consult the Department of Children and Family Services (DCFS) child abuse registry; and
- c. Consistent with law, PSS/HR shall additionally use their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of allegation of sexual abuse.

The PAQ, interview with the Administrative Program Specialist, review of background checks, and review of CANS checks confirmed these provisions are being followed.

(e) The Administrative Program Director confirmed OJJ has in place a system that alerts agency staff within 72 hours of an arrest. The PAQ and interview with the Administrative Program Director confirmed this provision is followed.

- (f) OJJ policy states job applicants and contractors shall NOT be hired, or services contracted for if the applicant/contractor has:
1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility or other institution as defined in federal law. (42 USC 1997)
 2. Been convicted of engaging or attempting to engage in sexual activity in the community using 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. Been civilly or administratively adjudicated to have engaged in any activity described in subparagraph b. above.

Job applicants and employees shall be asked directly about previous misconduct in written applications, interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

Review of personnel records indicates these questions about previous misconduct are not being asked as required by this standard provision. Corrective action is required.

(g) OJJ policy states material omissions or providing materially false information shall be grounds for termination. The PAQ and interview with the Administrative Program Specialist confirmed this provision is followed.

(h) OJJ 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 PAQ and interview with the Administrative Program Specialist 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 is complete as of September 3, 2019.

Corrective action:

Provisions (a & f) SCY 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.

(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.

All current employees answered the three questions about previous misconduct. The agency provided this documentation to the auditor for verification of compliance with this standard provision September 3, 2019. They used the "PREA Questionnaire" to record the responses.

Additionally, these questions must be asked in written applications or interviews for hiring or promotions. The agency updated the employee application June 20, 2019 to include these three questions and emailed examples of the updated application form to the auditor for verification on August 9, 2019.

Lastly, these questions must be asked in any interviews or written self-evaluations conducted as part of reviews of current employees. SYC conducts performance appraisals for all staff in July of each year. PREA Questionnaires for performance appraisals were emailed to the auditor on August 9, 2019 for verification.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Summary of Camera Upgrades

PAQ Assertions

- The facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit in 2016.
- The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit in 2016.

Interviews

- Agency Head

The interview with the Deputy 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. He stated cameras have been updated at Swanson to the newest technology. Some of the cameras have audio capability.

- Superintendent

The Facility Director confirmed no substantial modifications have been made since the last PREA audit in 2016. Additional cameras are currently being added.

Observations during onsite review of facility

- The auditor observed the video monitoring system and plans for upgrades in progress.

Conclusion:

(a) OJJ policy states all designing, acquiring, renovations, additions, and new construction shall be of a design that facilitates direct contact between youth and staff, while considering the agency's ability to protect youth from sexual abuse. This provision was corroborated with the PAQ, observations, and interviews with the Deputy Director and Facility Director.

(b) OJJ policy states 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 youth from sexual abuse.

The Director of Investigative Services provided the following summary of the upgrades of the camera systems at SYC and Columbia:

OJJ is currently in the process of upgrading the camera system at SCY. This will include more up to date cameras and new recording stations (NVRs). The upgrade will provide 127 cameras inside of the 7 dorms. Due to the various layouts of the dorms, the additional cameras will allow coverage in multiple blinds spots that could not be viewed before. The upgrade will include 54 cameras in the school areas for the first time, including camera coverage in each classroom. There will be 23 cameras in the dining hall with coverage in the dining area and cooking areas. Approximately, 50 cameras will be added to the exterior areas of dorms, schools and other structures around the facility allowing coverage of the outside grounds and views of the main perimeter fence.

OJJ is currently in the process of upgrading the camera system at Columbia. This will include more up to date cameras and new recording stations (NVRs). The upgrade will provide 30 cameras inside of the 4 dorms. The layout of the dorms is identical, but additional cameras will allow coverage in multiple blinds spots that could not be viewed before. The upgrade in the school will increase the number of

cameras from 8 to 11. Additional cameras are being added to areas youth have access to. There will be 10 cameras located in the dining hall, where before, only 3 existed. Coverage has been added to the cooking and storage areas. Approximately, 31 cameras will be added to the exterior areas of dorms, schools and other structures around the facility allowing coverage of the outside grounds and views of the main perimeter fence.

This provision was corroborated with the PAQ, observations, reviewing summary of camera upgrades, and interviews with the Deputy Director and Facility 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 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.

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

Policy

- YS Policy A.1.4 Investigative Services
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy C.4.6 Securing Physical Evidence/Crime Scene

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Louisiana Foundation Against Sexual Assault (LaFASA) Sexual Assault Center Accreditation: <http://lafasa.org/main/accreditation>
- MOU: Wellspring Alliance for Families
- MOU: Ouachita Parish Coroner's Office
- MOU: Monroe Police Department
- St. Francis Medical Center Forensic Sexual Assault Evaluation Form

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 Compliance Manager
The Facility PREA Compliance Manager confirmed victim advocates are available through an MOU with Wellspring Alliance for Families.
- 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 Louisiana OJJ Investigative Services is responsible for conducting sexual abuse investigations.

- SAFEs/SANEs

The auditor contacted the patient advocate with the Ouachita Coroner's Office and confirmed availability of a SANE.

- Residents who Reported a Sexual Abuse

There were two (2) residents who recently reported sexual abuse present during the on-site audit. Both residents reported they were allowed to talk with their family, investigative services and medical. The allegations were made during the week before the onsite audit and were under investigation. No forensic medical examinations were performed.

Conclusion:

(a & b) OJJ policy states investigative Services (IS) shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, pursuant to YS Policy Nos. A.1.4 and C.4.6. This provision was corroborated with the PAQ and staff interviews.

(c) Youth who experience sexual abuse shall have access to forensic medical examinations, without financial cost where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

SCY offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Pursuant to LSA R.S. 13:5713 F as amended by Act 229 of the 2015 Louisiana Legislature, the coroner or his designee shall examine all alleged victims of a sexually-oriented criminal offense. The coroner may select the hospital or healthcare provider named as the lead entity for sexual assault examinations in the regional plan required by R.S.40:1216.1 as his designee to perform the forensic medical examination. Forensic medical examinations are performed at St. Francis Medical Center through a SANE provided by the Ouachita Parish Coroner's Office. This provision was corroborated with the PAQ, review of the MOU with the Ouachita Parish Coroner's Office, interview with the patient advocate, and interviews with the two (2) residents who recently reported sexual abuse allegation.

(d & e) OJJ policy states every attempt shall be made to make a victim advocate from a rape crisis center available to the victim. If a rape crisis center is not available to provide victim advocate services, a qualified staff member from a community-based organization or a qualified Agency staff member shall be made available to provide these services. SCY has a MOU with the Wellspring Alliance for families for victim advocacy. This provision was corroborated by reviewing the MOU and interviewing the PREA Compliance Manager and residents who reported a sexual abuse.

(f & g) The OJJ Department of Investigative Services (IS) is responsible for administrative and criminal investigations of allegations of sexual abuse. This provision was corroborated by the PAQ and interview with the SCY investigator.

(h) SCY has an MOU with Wellspring Alliance for Families for victim advocacy. This was corroborated by reviewing the MOU and interviewing the patient advocate.

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 evidence protocol and forensic medical examinations. 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.

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

Policy

- YS Policy A.1.4 Investigative Services
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Investigative Services Handbook
- MOU: Monroe Police Department

PAQ Assertions

- The facility reported the number allegations of sexual abuse and sexual harassment that were received in the past 12 months was forty-six (46).
- The facility reported the number allegations resulting in an administrative investigation that were received in the past 12 months was forty-six (46).
- The facility reported the number allegations referred for criminal investigation in the past 12 months was zero (0).

Interviews

- Agency Head
The Deputy Secretary confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment.
- Investigative Staff
The Investigator confirmed Investigative Services has the legal authority to conduct criminal investigations of allegations of sexual abuse or sexual harassment.

Observation of agency website

- YS 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) OJJ policy states IS 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. The PAQ and interview with the Deputy Secretary 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. The policy describes the responsibilities of the Louisiana OJJ Investigative Services.

(c) The Investigative Services has the legal authority to conduct criminal investigations. This was corroborated with the PAQ and interview with an investigator.

(d) Investigations of sexual harassment and sexual abuse shall follow policy YS Policy A.4.1 and the protocol for conducting investigations outlined in the “Investigative Services Handbook”, following PREA Standards and best practices. The auditor reviewed the investigative services policy and handbook to confirm compliance with this standard provision.

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

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.

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

Policy

- YS Policy A.2.24 Staff Development and Training Plan
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- 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 two hundred eighty-eight (288) 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 and/or 2019.

Conclusion:

(a & c) OJJ policy states prior to having contact with youth, all staff shall be trained on how to recognize the signs of injurious sexual conduct, and understand their responsibility in the detection, prevention, investigation, and reporting of sexual abuse and sexual harassment during new employee orientation and annual in- service training. Training topics shall consist of, but not be limited to, the following:

- a. The policy of zero-tolerance for sexual abuse and sexual harassment;
- b. Fulfilling their responsibilities regarding sexual abuse and sexual harassment prevention, detection and reporting, including relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- c. Youths' right to be free from sexual abuse and sexual harassment;
- d. Youths' and employees' right to be free from retaliation for reporting sexual abuse and sexual harassment;
- e. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- f. Common reactions of juvenile victims of sexual abuse and sexual harassment, including isolation, depression, etc.;
- g. Detecting and responding to signs of threatened and actual sexual abuse; sexually aggressive
- h. Behavior and how to distinguish between consensual sexual contact and sexual abuse between youth;
- i. Avoiding inappropriate relationships with youth;
- j. Communicating effectively and professionally with youth, including those who are lesbian, gay, bisexual, transgender, intersex, questioning (LGBTIQ), or gender nonconforming;
- k. Relevant laws regarding the applicable age of consent; and
- l. Awareness and enforcing of policies and procedures regarding sexual conduct of youth.

All current employees shall be provided with annual refresher training on current sexual abuse and sexual harassment policies and procedures pursuant to YS Policy No. A.2.24. This provision was corroborated by the PAQ, reviewing the training curriculum, observing training records, and interviews with staff.

(b) OJJ policy states training shall be tailored to the unique needs and attributes of youth of juvenile facilities and to the gender of the youth at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male youths to a facility that houses only female youths, or vice versa. This provision was corroborated with by the PAQ, reviewing the training curriculum, observing training records, and interviews with staff.

(d) Employee attendance and understanding of the training provided shall be documented, through employee signature on the "Staff Confirmation of Receipt", as well as entry into the "Training Records Entry Database" (TREC) pursuant to YS Policy No. A.2.24. Signed receipts shall be forwarded to PSS/HR to be filed in the employee's personnel file.

Staff sign the Staff Confirmation of Receipt of PREA Training form confirming they have completed the required training. They also sign a training roster. The facility provided the auditor with records of training for verification. This provision was corroborated by the PAQ and reviewing staff training records

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding employee training. Employee training is conducted 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- OJJ PREA Volunteer and Contractor Training Curriculum
- Contract Provider/Volunteer Confirmation of Receipt of PREA Training Examples

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 one hundred thirty-three (133).

Interviews

- **Volunteers or Contractors who have Contact with Residents**
Four (4) volunteers were interviewed, the contracted Mental Health Coordinator (Wellpath) and the contracted Health Services Administrator (Wellpath) were interviewed. All individuals confirmed receiving training about their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They also reported being notified how to report such incidents.

Conclusion:

(a) OJJ policy states volunteers and contractors who have contact with youths shall be trained on their responsibilities under the Agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed current training records for contractors identified as having contact with juveniles. These individuals include the medical and mental health staff contracted with Wellpath.

(b) OJJ policy states 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 youth, but all volunteers and contractors who have contact with youth shall be notified of the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The interviews with the volunteers and contractors and review of signed receipts of PREA forms confirmed this standard provision is met.

(c) Documentation confirming that volunteers and contractors understand the training received in shall be confirmed through their signature on the "Contract Provider/Volunteer Confirmation of Receipt". For contractors providing a service which does not require direct contact/involvement with youth (electrician, vending machine, pest control, etc.), the agency shall utilize the "Contract Provider Confirmation Receipt for Contractors without Direct Contact with Youth". This provision was corroborated by reviewing Contract Provider/Volunteer Confirmation of Receipt of PREA forms.

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.

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

Policy

- YS Policy B.2.3 Secure Care Intake
- YS Policy B.8.12 Secure Care Youth Orientation
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- OJJ PREA PowerPoint
- OJJ Youth Safety Guide PREA Youth Education Video
- PREA Education Material – English & Spanish
- Resident PREA Poster
- OJJ “Break the Silence, Make the Call”
- OJJ Youth Handbook - PREA section
- Youth Confirmation of Receipt of PREA - signed examples
- MOU: 1-World Language LLC
- Special Education Teachers' Certificates

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 two hundred eight (208).
- 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 two hundred eight (208).

Interviews

- Intake Staff

The Social Services Counselor III 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

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) OJJ policy states upon admission to a YS secure care or contracted facility, youth shall receive: Information in an age appropriate fashion explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The residents are provided information regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment on their first day at the facility. The residents also receive all of topics required for resident PREA education during intake. The PAQ, policy, and interviews with residents and the Social Services Counselor III confirmed this standard provision is met.

(b) OJJ policy states within two (2) days, but no more than ten (10) days of direct admission, comprehensive age- appropriate education shall be provided to youth by showing the OJJ designed PowerPoint presentation regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and Agency policies and procedures for responding to such incidents pursuant to YS Policy No. B.2.3. The PowerPoint presentation shall include information to teach youth how to:

- a. Avoid risky situations related to sexual assault;
- b. Safely report rape or sexually inappropriate behavior;
- c. Obtain counseling services and/or medical assistance if victimized; and
- d. Evaluate the risks and potential consequences for engaging in any type of sexual contact while in the facility.

The PAQ, policy, review of the OJJ PREA PowerPoint, and interviews with residents and the Social Services Counselor III 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) OJJ policy states the agency shall provide youth education in formats accessible to all youths, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well

as to youths who have limited reading skills. SCY maintains a memorandum of understanding with 1-World Language LLC for residents who are limited English proficient. SCY also provides educational materials in English and Spanish. This provision was corroborated by the PAQ, MOU for foreign language services, and review of resident educational materials.

(e) OJJ policy states the agency shall maintain documentation of a youth's participation in these education sessions. Secure care staff shall ensure the youth signs a "Youth Confirmation of Receipt" during the orientation/admission process, and files it in the youth's hard copy Master Record under Clip VIII. Secure care staff shall ensure youth signs a "Youth Confirmation of Receipt" form again upon transfer to a different facility.

Residents sign an acknowledgement, the Youth Confirmation of Receipt of PREA, verifying they reviewed and understand the information given to them about PREA which is then placed in their file. Examples were provided to the auditor for verification. This provision was corroborated by the PAQ and reviewing the Youth Confirmation of Receipt of PREA examples.

(f) OJJ policy states in addition to providing such education, the Agency shall ensure that key information is continuously and readily available or visible to youths through posters, youth handbooks or other written formats.

Resident PREA Posters are located throughout the facility. They include the OJJ "Break the Silence, Make the Call" Poster with reporting instructions & contact information. The resident handbook includes important PREA information including contact information for reporting. The auditor observed the placement of the posters during the facility site review. The resident handbook and Youth Safety Guide add to the availability of PREA education for the juveniles.

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.

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

Policy

- IS 4.1 Procedural Orders: Training for Investigators
- YS Policy A.1.4 Investigative Services
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

- YS Policy C.4.6 Securing Physical Evidence/Crime Scene

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- MOU: Monroe Police Department
- NIC Training Certificates - PREA: Investigating Sexual Abuse in a Confinement Setting

PAQ Assertion

- The facility reported the number of investigators currently employed who have completed the required training is ten (10).

Interview

- Investigative Staff

An interview with the investigator confirmed he has received the required training and is knowledgeable about his duties and responsibilities.

Conclusion:

(a) Members of the SART shall receive special training in regard to victim response as necessary, from the Director of Treatment and Rehabilitation and/or other resources as available. Investigators shall have received training in conducting sex abuse investigations in confinement settings. Investigative staff receive the general training provided to all employees pursuant to §115.331 on an annual basis. Training is documented on the OJJ Annual Training Transcripts. This training also includes training in conducting such investigations in confinement settings. This provision was corroborated by the PAQ, interview with investigator, and reviewing training records.

(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, pursuant to YS Policy No. A.1.4. This provision was corroborated by reviewing training records and NIC certificates, and interview with an investigator.

(c) OJJ maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations in (TREC). This was corroborated by the PAQ and reviewing training records.

(d) OJJ conducts all administrative and criminal investigations. OJJ investigators receive training as required by provision (b) 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 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.

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

Policy

- A.2.24 Staff Development and Training Plan
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" (NIC) Certificates
- "Medical Health Care for Sexual Assault Victims in a Confinement Setting" (NIC) Certificates
- Staff Confirmation of Receipt of PREA Training (examples)
- 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 thirty-nine (39).
- 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

- Contract Medical Staff
The Health Services Administrator confirmed no forensic medical examinations are conducted at SCY. She confirmed she has received training on the specialized topics.
- Contract Mental Health Staff
The Mental Health Coordinator confirmed she has received the PREA topics listed in standard 115.331 as well as training on the specialized topics.

Conclusion:

(a) OJJ policy states all full- and part-time medical and mental health care practitioners who work regularly in its facilities shall be trained in the methods of and procedures to:

- a. Detecting and assessing signs of sexual abuse and sexual harassment;
 - b. Preserving physical evidence of sexual abuse;
 - c. Responding effectively and professionally to juvenile victims of sexual abuse and sexual harassment;
- and
- d. Reporting allegations or suspicions of sexual abuse and sexual harassment.

Medical and mental health care practitioners complete National Institute of Corrections' Prison Rape Elimination Act (PREA) Training Courses for the specialized training topics. Medical staff complete "Medical Health Care for Sexual Assault Victims in a Confinement Setting". Mental health care

practitioners complete "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". Wellpath provides all of the medical and mental health care staff and requires their staff to complete all specialized PREA training required by OJJ and Wellpath. The auditor reviewed the NIC certificates for the Wellpath contracted staff. Interviews with the Health Services Administrator and Mental Health Coordinator confirmed they have received the required specialized training.

(b) Based on the PAQ and interview with the Health Services Administrator, the evidence shows the medical staff employed by the agency do not conduct forensic examinations.

(c) Documentation that medical and mental health practitioners have received the training referenced in standard 115.331 shall be documented through signature on the "Staff Confirmation of Receipt", pursuant to YS Policy No. A.2.24. Receipts shall be maintained in the CHP employee's file with a copy forwarded to the unit's designated training staff for filing. This provision was corroborated by reviewing training records for contract medical and mental health practitioners.

(d) OJJ policy states medical and mental health care practitioners shall also receive the training mandated for employees in standard 115.331, or for contractors and volunteers in standard 125.332, depending upon the practitioner's status at the Agency. Receipts shall be maintained in the CHP employee's file with a copy forwarded to the unit's designated training staff for filing.

The Wellpath medical and mental health care practitioners complete the PREA training mandated for employees under § 115.331 annually. This training is documented with the Staff Confirmation of Receipt of PREA Training. The facility provided the auditor with copies of the receipts of training for 2018 and 2019. Interviews with the Health Services Administrator and Mental Health Coordinator confirmed they have received the required training.

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.

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

Policy

- YS Policy B.2.2 Youth Classification System and Treatment Procedures
- YS Policy B.2.3 Secure Care Intake
- YS Policy B.3.1 Secure Care Youth Records; Composition and Maintenance
- YS Policy B.3.2 Access to and Release of Active and Inactive Youth Records
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- OJJ Intake Screening and Housing Assignment Form -examples

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 OJJ policy outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. She said the information would be limited to
- **Facility PREA Compliance Manager**
The PREA Compliance Manager confirmed policy outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation.
- **Staff Responsible for Risk Screening**
The Social Services Counselor 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 within 24 hours upon intake. The initial intake screening includes all factors required by the standard. The information is ascertained by asking the residents questions and reviewing the JETS electronic records and any substantiated PREA allegations. Substantiated PREA allegations generate an alert in the JETS system.
- **Random Samples of Residents**
Eighteen (18) of the twenty-six (26) 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 Social Services Counselor explained the intake process. There were no new intakes during the three-day onsite phase of the audit. A Social Services Counselor 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) OJJ policy requires within 72 hours of the youth's arrival at the facility and periodically throughout a youth's confinement, the agency shall obtain and use information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a youth.

OJJ uses the Intake Screening and Housing Assignment Form within 72 hours of intake to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The screening usually occurs in less than 24 hours. Risk levels were not consistently reassessed periodically (6 months). The auditor reviewed the Intake Screening and Housing Assessments for the residents interviewed and additional initial Intake Screening and Housing

Assessments reassessments from the past 12 months. The reassessments were not being conducted consistently and the forms lacked a date of reassessment. This was addressed through corrective action.

(b) OJJ policy states assessments shall be conducted using the “Intake Screening and Housing Assessment” objective screening instrument. The auditor reviewed the OJJ Intake Screening and Housing Assignment Form and found it to be inclusive of the criteria required by the standard. Based on the resident’s responses they are assigned a risk level for potentially being at risk of being sexually aggressive, sexually vulnerable, both, or neither. This provision was corroborated by PAQ and reviewing the Intake Screening and Housing Assessment form.

(c) OJJ policy states 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 LGBTIQ, and whether the youths 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, physical or developmental disabilities; 9) Youth’s own perception of vulnerability; and 10) Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youths. The auditor reviewed the OJJ Intake Screening and Housing Assignment Form and determined all factors required by this provision of the standard are included. The interview with the Social Services Counselor and visual observations of the secure records corroborates the facility follows this standard provision.

(d) OJJ policy states the information outlined in provision (c) shall be ascertained through conversations with the youth during the direct admission process; medical and mental health screenings; classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth’s files. This provision was corroborated by the interview with the Social Services Counselor.

(e) OJJ policy states each facility through procedures established in its Standard Operating Procedures (SOPs) 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 youth’s detriment by staff or other youths. This provision was corroborated by interviews with the PREA Coordinator, PREA Compliance Manager, and Social Services Counselor.

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. Corrective action was completed October 29, 2019.

Corrective Action:

Provision (a) requires periodically throughout a resident’s confinement the resident’s risk level is reassessed to reduce the risk of sexual abuse by or upon a resident. The reassessments were not being conducted consistently and the forms lacked a date of reassessment. OJJ updated policy to require the reassessments are conducted every six (6) months and included a reassessment date on the forms. Six-month risk reassessments were emailed to the auditor, throughout the 90 day corrective action period, for verification. This corrective action was completed October 15, 2019.

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.

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

Policy

- YS Policy B.2.2 Youth Classification System and Treatment Procedures
- YS Policy B.2.3 Secure Care Intake
- YS Policy B.2.8 Behavioral Health Treatment Unit (BHTU)
- YS Policy B.2.20 Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- OJJ Intake Screening and Housing Assignment Form -examples

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
The Facility Director 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. She confirmed transgender or intersex residents would be permitted to shower separately. All residents are afforded the opportunity to shower separately.
- PREA Compliance Manager
The PREA Compliance Manager confirmed the PREA Screening Report 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. 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 as required. She confirmed transgender or intersex residents would be permitted to shower separately.
- Staff Responsible for Risk Screening
The Social Services Counselor 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 have a follow-up meeting with mental health immediately after being seen by medical. Medical sees youth within one hour of admission. She stated she sends the risk screening to mental health. She stated the facility uses the risk screening information to educate staff on any concerns and housing placement would be made according to the risk level. She stated administration would place a flag in JETS if there are previous allegations of sexual abuse. 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.
- Medical and Mental Health Staff
The Medical and Mental Health Staff interviewed confirmed the facility does not use isolation.
- LGBTI Residents
One resident identified bisexual during the on-site audit. He confirmed there is not a housing unit only for LGBTI youth.

Conclusion:

(a) Facility Directors and Contract providers shall use all information initially obtained in Section X. and subsequently obtained to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse. Youth shall be reevaluated by their assigned Case Manager during the "Monthly Assessment of IIP Progress" pursuant to YS Policy No. B.2.2, to determine if the housing area assignment continues to meet their needs.

The facility uses the OJJ Intake Screening and Housing Assignment Form to assign an initial housing rating based on risk and to document housing and bed assignments. Housing placements are then assessed monthly. This provision was corroborated with the PAQ and interviews with the PREA Compliance Manager and Social Services Counselor.

(b, h & i) SCY does not use isolation. These provisions were corroborated with the PAQ and interviews with the Facility Director, Mental Health Coordinator and Health Services Administrator.

(c) OJJ policy states LGBTIQ youth shall not be placed in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall LGBTIQ identification or status be considered as an indicator of likelihood of being sexually abusive. This provision was corroborated with the PAQ and interviews with a resident who identified as bisexual, PREA Coordinator, and PREA Compliance Manager.

(d) OJJ policy states in assigning a transgender or intersex youth to a facility for male or female youth, and in making other housing and programming assignments, the Agency shall consider on a case-by-case basis whether a placement would ensure the youth's health and safety, and whether the placement would present management or security problems. This provision was corroborated with the PAQ and interview with the PREA Compliance Manager.

(e) OJJ policy states Placement and programming assignments for each transgender or intersex youth shall be reassessed at least twice each year to review any threats to safety experienced by the youth. This provision was corroborated with the PAQ and interviews with the PREA Compliance Manager and Social Services Counselor.

(f) OJJ policy states each transgender or intersex resident's own views with respect to his/her own safety shall be given serious consideration. This was corroborated with the interviews with the PREA Coordinator and Social Services Counselor.

(g) OJJ policy states transgender or intersex residents shall be given the opportunity to shower separately from other residents. Interviews with the PREA Coordinator and Social Services Counselor 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.

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

Policy

- YS Policy A.1.4 Investigative Services
- YS Policy A.2.1 Employee Manual
- YS Policy B.5.1 Youth Code of Conduct-Secure Care
- YS Policy B.8.1 Telephone Usage by Youth and Monitoring of Calls
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Youth Confirmation of Receipt of PREA Education
- Administrative Remedy Procedure (ARP) Form
- OJJ Youth Handbook
- OJJ Youth Safety Poster: Break the Silence-Make the Call
- OJJ Youth Safety Guide - English & Spanish
- Youth Confirmation of Receipt of PREA
- The Louisiana Foundation against Sexual Assault (LaFASA): 1 (888) 995-7273
http://www.lafasa.org/main/sexual_assault_centers
- MOU: The Wellspring Alliance for Families (Victim Advocacy) (318) 323-1505
<http://wellspringofnela.org/sexual-assault-program/>
- Louisiana Office of Juvenile Justice Investigative Services Hotline 1(800) 626-1430
<https://ojj.la.gov/contact-us/>
- Louisiana Department of Children and Family Services Child Protection Hotline 1 (855) 4LA-KIDS
<http://www.dcf.louisiana.gov/>

PAQ Assertions

- The facility reported staff are required to document verbal reports. The time frame required to document the reports is "by the end of shift".

- 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 Compliance Manager

The PREA Compliance Manager was knowledgeable of the outside entities for reporting and confirmed residents are given a pencil when they wish to write a grievance or help request form.

- Random Sample of Staff

Staff interviewed stated they would privately report sexual abuse and sexual harassment of residents by calling the hotline. 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 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. Residents interviewed identified someone that did not work at the facility that they could report to about sexual abuse or sexual harassment. The residents 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

Two (2) residents who recently reported a sexual abuse were present during the on-site audit. Both residents stated they did not ask for assistance in making a written report.

Observations during onsite review of facility

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

Conclusion:

(a) OJJ policy states there shall be multiple internal methods provided for youth to privately report sexual abuse and sexual harassment, retaliation by other youths or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The residents are provided with numerous methods for reporting both internally and externally. Internal methods include: IS hotline, verbally, administrative remedy procedure (ARP), anonymously, or by third party. Information for reporting, including hotline numbers, is posted throughout the facility, and is included in the resident handbooks, PREA posters, and PREA pamphlets. This provision was corroborated by reviewing the posters and pamphlets with contact information, and interviewing staff and residents.

(b) OJJ policy states the youth shall be provided at least one method to report abuse or harassment to a public or private entity or office that is not part of OJJ and that is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to Agency officials, allowing the youth to remain anonymous upon request. The PAQ asserts residents detained solely for civil immigration purposes would be provided information on how to contact relevant consular officials and relevant officials at the U.S. Department of Homeland Security (1-202-282-8000). In addition to the PAQ, this provision was corroborated by reviewing external reporting methods and interviews with the PREA Compliance Manager and residents.

(c) OJJ policy states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. This provision was corroborated by the PAQ, observations, and interviews with staff and residents. The auditor observed grievance forms (ARP's) are readily available next to locked grievance boxes in the units.

(d) OJJ policy states the facility shall provide youth with access to tools necessary to make a written report. The PREA Compliance Manager confirmed residents have access to pens and pencils to write an ARP. The auditor observed the availability of writing utensils and ARP forms. The two (2) residents who recently reported a sexual abuse both stated they did not ask for assistance in making a written report.

(e) OJJ policy states staff shall be able to privately report sexual abuse and sexual harassment of youth by calling the IS Hotline at 1-800-626-1430, and reporting an allegation directly to IS. Staff interviews confirmed they were knowledgeable they could privately report sexual abuse and sexual harassment of residents. Most staff named 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. The facility provides numerous internal and external methods for reporting sexual abuse and sexual harassment. No corrective action is 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.

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

Policy

- YS Policy A.1.4 Investigative Services
- YS Policy B.5.1 Youth Code of Conduct - Secure Care
- YS Policy B.5.3 Administrative Remedy Procedure
- YS Policy B.8.1 Telephone Usage by Youth and Monitoring of Calls
- YS Policy C.1.4 Attorney Visits
- YS Policy C.2.8 Youth Visitation in Secure Facilities
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Administrative Remedy Procedure (ARP): How to Complain About Your Problem
- Youth/Parent Handbook - PREA
- Administrative Remedy Procedure (ARP) Form
- Youth Confirmation of Receipt of PREA Education
- OJJ Youth Safety Poster: Break the Silence-Make the Call
- Youth Safety Guide – English & Spanish

PAQ Assertions

- The facility reported the number of grievances that were filed that alleged sexual abuse in the past 12 months was six (6).
- 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 five (5).
- 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 one (1).
- 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

Two (2) residents who recently reported a sexual abuse were present during the on-site audit. Both allegations were made the week prior to the onsite phase of the audit and they were under investigation.

Observations during onsite review of facility

- The auditor observed grievance forms (ARP's) readily available next to locked grievance boxes in the living units.

Conclusion:

(a) OJJ has administrative procedures to address resident grievances regarding sexual abuse. This provision was corroborated by the PAQ and observations.

(b) Pursuant to YS Policy No. B.5.3, the Administrative Remedy Procedure (ARP) shall not contain a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse. The Agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. A youth shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Residents are given the Administrative Remedy Procedure (ARP): How to Complain About Your Problem Handout explaining the ARP process. This provision was corroborated by the PAQ, review of the ARP Handout, review of the resident handbook.

(c) OJJ policy states the Agency shall ensure that a youth who alleges sexual abuse may submit grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. Residents are given the Administrative Remedy Procedure (ARP): How to Complain About Your Problem Handout explaining the ARP process. This provision was corroborated by the PAQ, review of the resident handbook, observation of the locked grievance/ARP boxes, review of policy, and review of the ARP Handout.

(d) OJJ policy states the ARP shall require a final Agency decision on the merits of any portion of a grievance alleging sexual abuse be issued within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time used by the youth in preparing any administrative appeal. Pursuant to B.5.3, the ARP may provide for a request for an extension of time by the Facility Director to respond in Step One with the approval of the Deputy Secretary, if the normal time period for response is insufficient to make an appropriate decision. The Facility Director shall notify the youth in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the youth does not receive a response within the time allotted for reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level. This provision was corroborated by the PAQ, policy review, and interviews with the two (2) residents who recently reported a sexual abuse.

(e) OJJ policy states third parties, including fellow youth, staff members, family members, attorneys, and outside advocates, shall be permitted to assist youth in filing requests for an ARP relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of youths. If a third party, other than a parent or legal guardian, files such a request on behalf of a youth, the ARP 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 ARP. If the youth declines to have the request processed on his or her behalf, the Agency shall document the youth's decision. If an attorney files an ARP on behalf of the youth, a letter of

representation shall be required. 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. This provision was corroborated by policy review and the PAQ. There was no documentation of third-party reports and declination of third-party assistance in the past 12 months.

(f) The ARP shall contain procedures for the filing of an emergency grievance alleging that a youth is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a youth is subject to a substantial risk of imminent sexual abuse, the Agency shall require the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) be immediately forwarded to the appropriate Regional Director for immediate corrective action, an initial response within 48 hours, and a final Agency decision within five calendar days. The initial response and final Agency decision shall document the Agency's findings as to whether the youth is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. This provision was corroborated by the PAQ and policy review. There were no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

(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. This provision was corroborated by the PAQ and policy review. There were no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith filed 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 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- Resident PREA Poster
 - OJJ "Break the Silence, Make the Call"

- OJJ Youth Safety Guide – English & Spanish
- OJJ Youth Confirmation of Receipt of PREA
- MOU: The Wellspring Alliance for Families (Victim Advocacy) (318) 323-1505
<http://wellspringofnela.org/sexual-assault-program/>

Interviews

- Superintendent
The Facility Director 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 special attorney visits, phone calls, letters, and visitation on Saturday and Sunday.
- PREA Compliance Manager
The PREA Compliance Manager confirmed residents are provided confidential access to their attorneys or other legal representation and access to parents or legal guardians. She they are afforded phone calls, visits, and write letters.
- Random Sample of Residents
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. Residents interviewed knew contact information for these outside services was posted on the walls. Resident interviewed knew calling the sexual assault hotline or other outside services would be a free call. 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.
- Residents who Reported a Sexual Abuse
Two (2) residents who recently reported a sexual abuse were present during the on-site audit. The residents reported being given the number for LaFASA. One resident stated his mother was going to call LaFASA and the other resident did not indicate he was going to seek help from outside services. They both stated they could communicate with outside services in a confidential manner and they both were familiar with mandatory reporting laws. Both residents stated they have not asked to speak with a lawyer. Both residents stated they discussed the allegations with their mothers.

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) Each facility shall provide youth 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. The facility shall enable reasonable communication between youths and these organizations and agencies, in as confidential a manner as possible. Contact information for outside victim advocate services for emotional support related to sexual abuse includes:

- The Louisiana Foundation against Sexual Assault (LaFASA): 1 (888) 995-7273
- The Wellspring Alliance for Families (Victim Advocacy) (318) 323-1505

This provision was corroborated by the PAQ, reviewing the MOU with The Wellspring Alliance for Families, contacting The Wellspring Alliance for Families patient advocate, observation of pamphlets and posters with contact information listed and interviews with residents and the two (2) residents who recently reported a sexual abuse.

(b) OJJ 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 residents and the two (2) residents who recently reported a sexual abuse corroborate this standard provision.

(c) The Agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide youths 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. SCY has a MOU with The Wellspring Alliance for Families. This was corroborated by the PAQ, reviewing the MOU with The Wellspring Alliance for Families, and contacting The Wellspring Alliance for Families patient advocate.

(d) OJJ policy states The facility shall also provide youth with reasonable and confidential access to their attorneys or other legal representative and reasonable access to parents or legal guardians. This provision was corroborated by the PAQ and interviews with the Facility Director, PREA Compliance Manager, residents and the two (2) residents who recently reported a sexual abuse.

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. No corrective action is required.

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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Third-party Reporting at <https://ojj.la.gov/reporting-a-prea-incident/>

PAQ Assertion

- SCY 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:

OJJ policy states Third parties shall have the ability to file reports of sexual abuse and sexual harassment. Policies containing information on the methods by which a third party can report sexual abuse and sexual harassment on behalf of a youth shall be available on the Office of Juvenile Justice (OJJ) website at <http://www.ojj.la.gov/>.

There were third-party reports received during the 12 months preceding the audit. OJJ provides a hotline number (1-800-626-1430) for reporting sexual abuse or sexual harassment. OJJ has a link to the hotline number on its website. The page has the following information, "All reports of sexual abuse or sexual harassment will be investigated and addressed. Youth, employees, and third parties can report incidents of sexual abuse or sexual harassment in verbal or written formats. All parties can file a report with the Office of Juvenile Justice by calling the Investigative Services hotline at 1-800-626-1430. Reporters can remain anonymous or provide contact information in the event more information is needed."

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 and observations of the website. 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.

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

Policy

- YS Policy A.1.4 Investigative Services
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy C.4.3 Mandatory Reporting of Abuse and Neglect of Youth
- YS Policy C.5.2 Regional Office Duty Officers, and Facility Administrative Duty Officers (ADOs) Reporting of Serious Incidents

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Louisiana Office of Juvenile Justice Investigative Services Hotline 1(800) 626-1430
<https://ojj.la.gov/contact-us/>
- Staff Confirmation of Receipt of PREA Education

Interviews

- Superintendent

The Facility Director stated he would report allegations of sexual abuse to the regional director. If there is an allegation of sexual assault outside law enforcement would be contacted. He stated all residents are in OJJ custody. He would notify the guardian and probation officer of any allegations of sexual abuse. Legal guardians would be notified within one hour and probation officers would be notified by the following day. He stated if a juvenile court were to retain jurisdiction over a victim, he would also report the allegation to the juvenile's attorney or other legal representative of record.

- PREA Compliance Manager

The PREA Compliance Manager stated when the facility receives an allegation of sexual abuse she reports the allegation Investigative Services and the Facility Director reports to the guardian. If the victim is under the guardianship of DCFS the Facility Director would contact the victim's caseworker. Lastly, she 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 immediately.

- 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 and contact investigative services.

- Medical and Mental Health Staff

Interviews with the Health Services Administrator and Mental Health Coordinator confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are mandated by Louisiana law to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The Health Services Administrator stated she would report to DCFs and OJJ Investigative Services. The Mental Health Coordinator stated she would report to Facility Director and Investigative Services.

Conclusion:

(a) OJJ policy requires all staff shall report immediately 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 a part of the Agency pursuant to YS Policy No. C.4.3. Staff receiving reports of sexual assault or sexual harassment shall immediately contact his/her supervisor/manager and in the case of a contract program, the supervising PPO/J. Staff may also use the IS Hotline by calling 1-800-626-1430 to report the incident. Staff shall report retaliation against youth or staff who reported such an incident of sexual abuse or sexual harassment; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This provision was corroborated by reviewing policy, the PAQ, and staff interviews.

(b) OJJ policy requires all staff shall comply with mandatory child abuse reporting laws pursuant to YS Policy No. C.4.3, and Federal and State Law. This provision was corroborated by reviewing mandatory reporting laws, the PAQ, and staff interviews. All staff are mandatory reporters.

(c) OJJ policy states except for reporting to supervisors/ Facility Directors / Central Office management and designated State or local services agencies as provided for in YS Policy No. C.4.3, staff are prohibited 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 by the PAQ, and interviews with staff. Interviews with staff confirmed they are

knowledgeable they are prohibited 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.

(d) OJJ policy states medical and mental health practitioners shall report sexual abuse in accordance with contract provisions and mandatory child abuse reporting laws. Such practitioners shall be required to inform youths at the initiation of services of their duty to report and the limitations of confidentiality. This provision was corroborated by reviewing the PAQ, and interviews with the Health Services Administrator and Mental Health Coordinator.

(e) OJJ policy requires 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. The Facility Director shall also report the allegation to the appropriate juvenile judge, the juvenile's attorney, or other legal representative of record within 14 days of receiving the allegation. This was corroborated through the PAQ and interviews with the Facility Director and PREA Compliance Manager.

(f) OJJ policy states upon receiving any allegation of sexual abuse or sexual harassment, including third-party and anonymous complaints, the Facility Director/Regional Manager shall promptly report the allegation to the appropriate Regional Director and the Director of IS. The Regional Director shall notify the Assistant Secretary, Chief of Operations, PREA Coordinator and the Deputy Secretary pursuant to YS Policy No. C.5.2. The Facility Director and/or the Regional Manager shall also notify the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. This provision was corroborated through the PAQ and interview with the Facility 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 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY

PAQ Assertions

- The facility reported 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 zero (0).
- 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
The Deputy Secretary 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 and then assess risk. The youth may then change housing or be transferred to another facility.
- Superintendent
The Facility Director 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:

OJJ policy states immediate action shall be taken to protect a youth when the Agency learns that a youth is subject to a substantial risk of imminent sexual abuse. Upon receiving staff reports of sexual abuse or sexual harassment, the supervisor/manager or supervising PPO/J shall immediately notify the Facility Director/Regional Manager and initiate action to reduce or eliminate immediate harm to the

victim or reporter, and damage to any potential crime scenes and evidence. This provision was corroborated by the PAQ and interviews with the Deputy Secretary, Facility Director and staff.

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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Investigative Services Formal Report

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
The Deputy Secretary confirmed that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility where the alleged abuse occurred would be notified within 72 hours and the allegation would be reported to IS.
- Superintendent
The Facility Director confirmed that all allegations reported to have occurred at another facility will be referred to Investigative Services just like any other allegation. The Director of the facility where the abuse is alleged to have occurred will be notified within 72 hours.

Conclusion:

(a – d) SCY policy requires that upon receiving an allegation that a youth was sexually abused while confined at another YS secure care facility or another Agency facility, the Facility Director who received the allegation shall notify the Facility Director or appropriate office of the Agency where the alleged abuse occurred, and shall also notify the appropriate Regional Director and IS office located on the facility grounds, and Central Office IS where appropriate. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation and the notification documented. The Facility Director/ IS investigator who receives such notification shall ensure that the allegation is investigated in accordance with PREA standards. This standard was corroborated by the PAQ and interviews with the Deputy Secretary and Facility 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 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- First Responder Training Curriculum
- Staff First Responder Cards

PAQ Assertions:

- The facility reported the number of allegations that a resident was sexually abused in the past 12 months was twenty-eight (28).
- 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 Juvenile Justice Specialist confirmed he is knowledgeable of his duties when responding to allegations of sexual abuse.
- Non-Security Staff First Responders
An interview with a Social Services Counselor confirmed she is knowledgeable of her 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
Two (2) residents who recently reported a sexual abuse were present during the on-site audit.

One resident stated he told staff immediately after he was allegedly sexually abused. He said he was interviewed by Investigative Services the following day and his CCS counselor asked details about the allegation and wrote a report.

The second resident stated he reported the allegation of sexual abuse to staff 90 minutes after it occurred. He said the staff separated him from the alleged abuser and wrote an UOR.

Conclusion:

(a) OJJ policy states that upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report shall be required to:

- a. Separate the alleged victim and alleged abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. 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
- d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

This provision was corroborated by the PAQ and interviews with Security Staff and Non-Security Staff First Responders and the two (2) residents who recently reported a sexual abuse.

(b) OJJ policy states 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. This provision was corroborated by the PAQ and interview with a Non-Security Staff First Responder.

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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- OJJ PREA Coordinated Response to Sexual Abuse Incidents

Interview

- Superintendent

The Facility Director confirmed SCY 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:

OJJ policy states the agency, in concert with the YS secure care facilities, shall develop a written facility plan referred to as the "OJJ PREA Coordinated Response to Sexual Abuse Incidents" 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 PAQ, interview with the Facility Director, and review of the OJJ 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY

Interview

- Agency Head
The Deputy Secretary confirmed OJJ does not have a collective bargaining agreement or any form of employee union 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.

Conclusion:

(a) Policy states no collective bargaining agreement or other agreement can be entered into that would limit the Agency's ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. This provision was corroborated by policy review, the PAQ and interview with the Deputy Secretary.

(a) Policy states nothing in the policy restricts the entering into or renewal of agreements that govern: The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of this policy regarding evidentiary standards for administrative proceeding. 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. This provision was corroborated by policy review, the PAQ and interview with the Deputy Secretary.

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. OJJ 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.

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

Policy

- YS A.1.4 Investigative Services
- YS B.2.2 Youth Classification System and Treatment Procedures
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Secondary Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Investigative Services Protection Against Retaliation Form for Reporters of Sexual Abuse

PAQ Assertions

- The agency has designated an investigator 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**
The Deputy Secretary confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, and placing staff on no contact status. He stated Investigative Services would gather evidence and protect victims against retaliation.
- **Superintendent**
The Facility Director 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 remove staff from the area and make housing changes or transfers. Investigative Services would get written statements and staff may be disciplined if warranted.
- **Designated Staff Member Charged with Monitoring for Retaliation (Investigator)**
The investigator was interviewed. He stated some of the measures he would take to protect residents and staff from retaliation are housing changes and transfers. He stated some of the things he would look for in detecting possible retaliation re shift reports, incident reports, the suicide watch list, and changes in behavior. 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 and if there is a concern that retaliation is continuing monitoring would continue until transfer or release.

- Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) SCY does not use isolation.
- Residents who Reported a Sexual Abuse
Two (2) residents who recently reported a sexual abuse were present during the on-site audit. Both residents reported they felt protected against possible retaliation from youth after reporting an allegation of sexual abuse. Both youth stated housing changes were made.

Conclusion:

(a) OJJ policy states youth and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other youth or staff. This provision was corroborated by the PAQ and ensuring the facility has designated a staff member that is responsible for monitoring for possible retaliation.

(b) OJJ policy states multiple protection measures shall be employed, such as housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support services for youth or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. This provision was corroborated by interviews with the Deputy Secretary, Facility Director, investigator, and the two (2) residents who reported a sexual abuse.

(c) For at least 90 days following a report of sexual abuse, the Agency shall monitor the conduct or treatment of youth or staff who reported the sexual abuse, and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff, and shall act promptly to remedy any such retaliation. Monitoring by IS shall include: Review of UORs; Youth violation reports; Housing or Program changes of relevant youth; Negative performance reviews or reassignments of pertinent staff; Periodic status checks of youth; and Follow up discussions with youth reports and victims of sexual assault, staff reporters, housing unit and treatment staff.

Monitoring shall be documented in the IS case file by completing the Protection Against Retaliation Form for the appropriate staff/youth for each PREA related incident, pursuant to established procedures in YS Policy No. A.1.4, Investigative Services Handbook.

The Agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

This provision was corroborated by the PAQ and interviews with the Facility Director and investigator charged with monitoring retaliation.

(d) OJJ policy states monitoring by IS shall include periodic status checks of youth. This provision was corroborated by the reviewing the Investigative Services Protection Against Retaliation Form for Reporters of Sexual Abuse and interviewing the investigator charged with monitoring retaliation.

(e) OJJ policy states 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. This provision was corroborated by policy review and interviews with the Deputy secretary and Facility Director.

(f) OJJ policy states the agency's obligation to monitor shall terminate if IS determines that the allegation is unfounded. This provision was corroborated by policy review.

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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY

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

The Facility Director confirmed SCY does not use segregated housing or isolation to protect residents who are alleged to have suffered sexual abuse.

Conclusion:

SCY 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 Facility Director, 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy A.1.4 Investigative Services

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- SCY Investigative Services Formal Reports
- Investigator Training Records

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
The Facility Director confirmed Investigative Services would be the liaison if an outside agency were to investigate an allegation.
- PREA Coordinator
The PREA Coordinator confirmed Investigative Services would be the liaison if an outside agency were to investigate an allegation.
- PREA Compliance Manager
The PREA Compliance Manager confirmed Investigative Services would be the liaison if an outside agency were to investigate an allegation.
- Investigative Staff
The investigator confirmed that he has received training through the NIC. The investigator expressed a comprehensive knowledge of the complete investigative process, from beginning an investigation to referral for prosecution if warranted. He confirmed he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. He interviews alleged victims, suspected perpetrators, and witnesses. He reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. Video evidence and hotline calls are recorded, and rape kits would be secured for prosecution. He confirmed an investigation would not be terminated solely because the source of the allegation recants the allegation. He confirmed credibility is based on the evidence and polygraph examinations or other truth-telling devices are not used. He confirmed administrative investigations include an effort to determine whether staff actions or failures to act contribute to the abuse. The investigations would consider if staff followed Standard Operating Procedure (SOP). This information is documented in the Formal Investigative Report. He confirmed criminal investigations include a written report that contains a thorough description of physical, testimonial, and documentary evidence. Copies of all documentary evidence are attached when feasible. He confirmed departure of an alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. He confirmed SCY would cooperate with outside investigators and would remain informed about the progress of the investigation.
- Residents who reported a Sexual a Sexual Abuse
Two (2) residents who recently reported a sexual abuse were present during the on-site audit. Both youth confirmed the facility did not require them to take a polygraph test.

Conclusion:

(a) 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 policy review, the PAQ, and interview with the SCY investigator.

(b) 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 and interview with the investigator.

(c) 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, the PAQ, interview with the SCY investigator, and reviewing investigative reports.

(d) 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, and interview with the SCY investigator.

(e) 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, PAQ, and interview with the investigator.

(f) 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, the PAQ, and interviews with the investigator and two (2) residents who recently reported a sexual abuse.

(g) 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, PAQ, and interview with the investigator.

(h) OJJ policy states 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. This provision was corroborated by policy review, the PAQ, interview with the SCY investigator, and reviewing investigative reports.

(i) 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, and interview with the investigator.

(j) 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 reviewing policy, PAQ, and interview with the investigator.

(k) 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, PAQ, and interview with the investigator.

(l) OJJ Investigative Services conducts all administrative and criminal investigations.

(m) OJJ policy states 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. Investigative services would serve as the liaison. This provision was corroborated by reviewing policy, PAQ, and interviews with the investigator, Facility Director, PREA Coordinator, and PREA Compliance Manager.

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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- SCY Investigative Services Formal Reports

Interview

- Investigative Staff

An interview with an OJJ investigator confirmed this policy.

Conclusion:

OJJ policy states that in determining whether allegations of sexual abuse or sexual harassment are substantiated, IS shall not use a standard higher than a preponderance of the evidence. This provision was corroborated by policy review, PAQ, and interview with the SCY 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 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- SCY Investigative Services Formal Reports
- OJJ Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation Form

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 seven (7).
- 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 seven (7).
- 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 zero (0).
- 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 zero (0).
- The facility reported the number of notifications to residents that were made pursuant to this standard in the past 12 months was seven (7).
- Of those notifications made in the past 12 months, the number that were documented is seven (7).

Interviews

- Superintendent
The Facility Director 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
Two (2) residents who reported a sexual abuse were present during the on-site audit. Both allegations involved youth-on-youth sexual abuse. Both investigations were in progress.

Conclusion:

(a) OJJ policy states following an investigation into a youth's allegation of sexual abuse in a secure facility, IS shall inform the youth as to whether the allegation has been substantiated, unsubstantiated or unfounded. IS shall generate a "Youth Letter" through the Central Registry Database and distribute the letter to the appropriate Program Manager of the youth's assigned facility. The Program Manager shall ensure that the youth obtains a copy of the letter and that a copy of the letter is placed in the youth's file. The assigned investigator shall place a copy of the "Youth Letter" in the investigative case file, along with receipts that this distribution took place. This provision was corroborated by policy review, reviewing completed Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation forms, PAQ, and interviews with the Facility Director and OJJ investigator.

(b) OJJ policy states if the Agency did not conduct the investigation, it shall request the relevant information from the investigative Agency in order to inform the youth. This provision was corroborated by policy review, reviewing investigative reports, PAQ, and interview with the OJJ investigator.

(c) OJJ policy states following a youth's allegation that a staff member has sexually abused the youth, IS shall inform the youth (except where IS has found the allegation to be unfounded) 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. This provision was corroborated by policy review, reviewing completed Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation forms, PAQ, and interview with the OJJ investigator.

(d) OJJ policy states following a youth's allegation that he or she has been sexually abused by another youth, IS shall inform the alleged victim whenever The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. This provision was corroborated by policy review, reviewing completed Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation forms, reviewing investigative reports, PAQ, and interview with the OJJ investigator.

(e) OJJ policy states all notifications or attempted notifications shall be documented. This provision was corroborated by policy review, reviewing completed Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation forms, PAQ, and interview with the OJJ investigator.

(f) OJJ policy states the obligation to report under this standard shall terminate if the resident is released from the agency's custody. This provision was corroborated by reviewing investigative reports.

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.

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

Policy

- YS Policy A.2.1 Employee Manual
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY

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 zero (0).

- 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 zero (0).
- 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 zero (0).

Conclusion:

(a) OJJ policy states staff shall be subject to disciplinary sanctions up to and including termination for violating Agency sexual abuse or sexual harassment policies pursuant to YS Policy No. A.2.1. This provision was corroborated by the PAQ and reviewing policy.

(b) OJJ policy states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This provision was corroborated by the PAQ and reviewing policy.

(c) OJJ policy states 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 and reviewing policy.

(d) OJJ policy states all terminations for violations of Agency sexual abuse or sexual harassment policies, or resignations by staff who resigned to avoid termination in accordance with Civil Service Rules, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. This provision was corroborated by the PAQ and reviewing 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 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation:

- PREA Audit: Pre-Audit Questionnaire for SCY
- Volunteer/Contractor Confirmation of Receipt of PREA
- Volunteer/Contractor Notice of Zero-Tolerance Policy

Interview

- Superintendent
The Facility Director 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) OJJ policy states any contractor or volunteer who engages in sexual abuse at a minimum shall be

prohibited from contact with youths and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. This provision was corroborated through the PAQ, policy, and interview with the Facility Director.

(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with youths, 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 Facility 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 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)
- YS Policy B.5.1 Youth Code of Conduct - Secure Care

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY

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
The Facility Director 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 Mental Health Coordinator confirmed that counseling would be available for residents who have been determined to have committed resident-on resident sexual through OJJ counselors. She confirmed if a resident refuses to participate in counseling they would not be denied access to education and other programming.

Conclusion:

(a) Pursuant to YS Policy No. B.5.1, a youth may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the youth engaged in youth-on-youth sexual abuse, or following a criminal finding of guilt for youth-on-youth sexual abuse. This provision corroborated by the PAQ and policy review.

(b) OJJ policy states disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the sanctions imposed for comparable

offenses by other youth with similar histories. OJJ does not use isolation as a disciplinary sanction. This provision was corroborated by the PAQ and interviews with the Facility Director.

(c) OJJ 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 Facility Director.

(d) The facility shall consider whether to offer the offending youth participation in such therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Participation in such interventions may be required 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 Mental Health Coordinator.

(e) OJJ policy states the agency may discipline a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This provision was corroborated by policy review and the PAQ.

(f) OJJ policy states 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. This provision was corroborated by policy review and the PAQ.

(g) OJJ policy states all sexual activity between youths is prohibited. The Agency may, at its discretion, discipline youths for such activity. However, such activity shall not be deemed 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- OJJ Intake Screening and Housing Assignment Form -examples
- Memo: Reporting Prior Sexual Abuse During Intake (*March 22, 2019*)

- Documentation of Follow-up Meetings with Medical and Mental Health

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 Social Services Counselor 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. She elaborated that medical sees youth within one hour of admission and mental health sees them immediately afterward. She stated the follow-up meetings would be offered within one hour, but no longer than 24 hours.
- **Medical and Mental Health Staff**
The Mental Health Coordinator and Health Services Administrator both 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.

Observation

- Resident records are securely stored.

Conclusion:

(a) OJJ policy states if the screening indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the direct admission screening. If screening indicates a youth has a history of being sexually victimized or perpetrating sexual abuse a PREA alert is placed in the Juvenile Electronic Tracking System (JETS) to ensure proper placement, monitoring and services are provided as needed. This provision was corroborated by the PAQ, interview with the Social Services Counselor, documentation of services provided, and a memo regarding services provided.

(b) OJJ policy states if the screening pursuant to Section X indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the direct admission screening.

If screening indicates a youth has a history of being sexually victimized or perpetrating sexual abuse a PREA alert is placed in the Juvenile Electronic Tracking System (JETS) to ensure proper placement, monitoring and services are provided as needed. Residents are court ordered to complete the sex

offender program. Their history of previously perpetrated sexual abuse is known before screening and often times they are already participating in therapy and counseling prior to coming to SCY. This provision was corroborated by the PAQ and interview with the Social Services Counselor.

(c) OJJ 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 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. This provision was corroborated by the PAQ, interview with the Social Services Counselor and observation of secure resident records.

(d) OJJ policy states medical and mental health practitioners shall obtain an 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 interviews with the Health Services Administrator and Mental Health 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 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- ACT No. 229 - Louisiana Law
- Memorandum of Understanding with Ouachita Parish Coroner’s Office (SANE services)
- Medical Records

Interviews

- **Medical and Mental Health Staff**
 The Mental Health Coordinator and Health Services Administrator both 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 policy and procedure, and their 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**
 Two (2) residents who recently reported a sexual abuse were present during the on-site audit.

One resident stated he saw a doctor one day after he reported sexual abuse. The second resident stated he had a SANE evaluation two days after he reported sexual abuse. He also reported he was going to be tested for sexually transmitted diseases.

Conclusion:

(a) OJJ 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 interviews with the Mental Health Coordinator, Health Services Administrator, and the two (2) residents who recently reported a sexual abuse.

(b) OJJ 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 pursuant and shall immediately notify the appropriate medical and mental health practitioners. Security Staff and Non-Security Staff First Responders would follow the OJJ PREA Coordinated Response to Sexual Abuse Incidents when responding to a report of recent sexual abuse. This provision was corroborated by reviewing the OJJ PREA Coordinated Response to Sexual Abuse Incidents, interviews with Security Staff and Non-Security Staff First Responders, and the PAQ.

(c) OJJ policy states if youth 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. This provision was corroborated with the PAQ and interviews with the Health Services Administrator, Mental Health Coordinator and the two (2) residents who recently reported a sexual abuse.

(d) OJJ 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). This provision was corroborated with the PAQ and review of applicable state law.

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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- ACT No. 229 - Louisiana Law
- MOU: Wellspring Alliance for Families (Victim Advocacy)
- MOU: Ouachita Parish Coroner's Office (SANE)

Interviews

- **Medical and Mental Health Staff**
The Mental Health Coordinator and Health Services Administrator 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**
Two (2) residents who recently reported a sexual abuse were present during the on-site audit. Both residents stated a doctor or nurse talked with them about services available.

Conclusion:

(a) OJJ policy states the facility shall offer medical and mental health evaluations and, as appropriate, treatment to all youth 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, medical and mental health records, and interviews with the Mental Health Coordinator and Health Services Administrator.

(b) OJJ policy states 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 interviews with the Mental Health Coordinator, Health Services Administrator and two (2) residents who recently reported a sexual abuse.

(c) OJJ policy states the facility 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 Health Services Administrator. Youth victims would receive sexually transmitted infections prophylaxis at St. Francis Medical Center.

(d - e) N/A - All male facility.

(f) OJJ policy states youth victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. This provision was corroborated with the PAQ and interviews with two (2) residents who recently reported a sexual abuse.

(g) OJJ 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). This provision was corroborated with the PAQ and review of state law.

(h) OJJ policy states the facility shall attempt to conduct a mental health evaluation of all known youth-on-youth abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. This provision was corroborated with PAQ and the interview with the Mental Health 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 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- 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 seven (7).
- 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 seven (7). Review of the incident reviews revealed they were not completed within 30 days. The time period was far greater.

Interviews

- Superintendent

The Facility Director confirmed the SCY 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 Compliance Manager

The PREA Compliance Manager revealed she is a member of the PREA Incident Review Team. She 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 Facility Director 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) OJJ policy states 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 pursuant to YS Policy No. A.1.4. This provision is corroborated by the PAQ and review of Sexual Abuse Incident Review Team Meeting Minutes.

(b) OJJ policy states such review shall ordinarily occur within 30 days of the conclusion of the investigation. This provision was determined to not be in compliance by reviewing Sexual Abuse Incident Review Team Meeting Minutes. Documentation shows the Incident Review Team meetings were not held within 30 days of the conclusion of investigations.

(c) OJJ policy states the review team shall include appropriate Regional Director, PREA Compliance Manager, and upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. This was corroborated by the PAQ and review of Incident Review Team Meetings Minutes.

(d) OJJ policy states the review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTIQ identification, status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to subparagraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement and submit such report to the Facility Director, PREA Compliance Manager, and PREA Coordinator;
- g. An Action Plan with appropriate timelines shall accompany any recommendations for improvement; and

(e) OJJ policy states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. This was corroborated by the PAQ and review of Incident Review Team Meetings Minutes.

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. Corrective action was completed October 29, 2019.

Corrective action:

Provision (b) Incident Review Team Meetings did not ordinarily occur within 30 days of the conclusion of investigation. To achieve compliance the facility must conduct the incident review team meetings within 30 days of conclusion of investigation. During the 90 corrective action period the facility conducted the incident reviews according to the standard requirement and emailed them to the auditor for verification. This corrective action was completed October 29, 2019.

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.

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

Policy

- YS Policy A.4.2 Standard Operating Procedures for Contract Providers
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- 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)
- OJJ 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.

The agency 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) The Agency 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.

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

Policy

- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Survey of Sexual Victimization, 2017 State Juvenile Systems Summary Form
- Louisiana OJJ 2018 Annual PREA Report

Interviews

- Agency Head
The Deputy Secretary confirmed he approves the Annual PREA Report and the agency 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 Compliance Manager
The PREA Compliance Manager confirmed the facility reports incidents of sexual abuse and sexual harassment to be included in the data the agency collects and aggregates in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.

Conclusion:

(a) 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 Deputy Secretary, PREA Coordinator, and PREA Compliance Manager.

(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 Deputy Secretary. The report is approved by the 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 interview with the 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.

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

Policy

- YS Policy A.1.9 Records Management and Retention
- YS Policy C.2.11 Prison Rape Elimination Act (PREA)

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire for SCY
- Survey of Sexual Victimization, 2017 State Juvenile Systems Summary Form
- Louisiana OJJ 2018 Annual PREA Report

Interview

- Agency PREA Coordinator
The Agency 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, PREA Coordinator, and PREA Compliance 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.

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

- PREA Audit: Pre-Audit Questionnaire for SCY
- Interviews
- Research
- Policy Review
- Document Review
- Observations during onsite review of facility

Conclusion:

During the three-year period starting on August 20, 2013, and the current audit cycle, OJJ ensured that facilities operated by the agency, or by a private organization on behalf of the agency, was audited at least once, with the exception of one contract private provider which is scheduled to be audited in 2020. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited, with the exception of one contract private provider which is scheduled to be audited in 2020.

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.

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

- PREA Audit: Pre-Audit Questionnaire for SCY

- 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/>

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

December 1, 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.