

PREA Facility Audit Report: Final

Name of Facility: Bridge City Center for Youth

Facility Type: Juvenile

Date Interim Report Submitted: 04/16/2021

Date Final Report Submitted: 09/20/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 09/20/2021

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	02/22/2021
End Date of On-Site Audit:	02/23/2021

FACILITY INFORMATION	
Facility name:	Bridge City Center for Youth
Facility physical address:	3225 River Road, Bridge City, Louisiana - 70094
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Ivy Miller
Email Address:	ivy.miller2@la.gov
Telephone Number:	504.436.4253

Superintendent/Director/Administrator	
Name:	Ivy Miller
Email Address:	ivy.miller@la.gov
Telephone Number:	504.436.4253

Facility PREA Compliance Manager	
Name:	Michael Marsh
Email Address:	michael.marsh3@la.gov
Telephone Number:	O: (504) 437-3035

Facility Health Service Administrator On-Site	
Name:	Amisha Robillard
Email Address:	Amisha Robillard
Telephone Number:	504.426.4666

Facility Characteristics	
Designed facility capacity:	84
Current population of facility:	45
Average daily population for the past 12 months:	65
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	13-20
Facility security levels/resident custody levels:	max
Number of staff currently employed at the facility who may have contact with residents:	141
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	24
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

AGENCY INFORMATION	
Name of agency:	Louisiana Office of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	7919 Independence Blvd, Baton Rouge, Louisiana - 70806
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Yezette White	Email Address:	yezette.white@la.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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 Bridge City Center for Youth (BCCY) was conducted February 22-23, 2021. The parent agency for BCCY is the Louisiana Office of Juvenile Justice (OJJ). BCCY is located at 3225 River Road, Bridge City, Louisiana 70094. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for adult and juvenile facilities. The auditor conducted the audit with one support staff, David Eakin, Ph.D. The facility contacted the auditor regarding the audit and a contract was agreed upon December 4, 2020. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited August 18, 2018 with 100% compliance with the PREA Juvenile Standards.

Louisiana Office of Juvenile Justice Mission and Vision Statements

Mission Statement

The Office of Juvenile Justice protects the public by providing safe, and effective individualized services to youth, who will become productive, law abiding citizens.

Vision

The Office of Juvenile Justice is a quality system of care which embraces partnerships with families, communities, and stakeholders to assist youth in redirecting their lives toward responsible citizenship.

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, in English and Spanish, were posted January 4, 2021. The audit notices were printed in color, using a large font and easy-to-read language, on bright yellow paper. The audit notices were placed throughout the facility, in places visible to all residents and staff, including visiting areas, housing units, and recreational spaces. Pictures of the posted audit notices were emailed to the auditor on January 4, 2021 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.

Requests of Facility Lists

Bridge City Center for Youth provided the following information for interview selections and document sampling:

- Complete Resident Roster
- Targeted Resident Populations
- Residents with a physical or cognitive disability
- Residents who are LEP
- Transgender and intersex residents
- Lesbian, gay, and bisexual residents
- Residents placed in segregated housing for their own protection from sexual victimization
- Residents in isolation
- Residents who reported sexual abuse that occurred in the facility
- Residents who reported prior sexual victimization during risk screening
- Complete Staff Roster
- Specialized Staff
- Contractors who have contact with the residents
- Volunteers who have contact with the residents
- Grievances/allegations made in the 12 months preceding the audit
- Incident Reports in the 12 months preceding the audit
- All allegations of sexual abuse and sexual harassment reported in the 12 months preceding the audit
- Sexual abuse and sexual harassment investigative files for the 12 months preceding the audit
- Hotline calls

External Contacts

The following external contacts were made:

- Just Detention International
- The Metropolitan Center for Women and Children
- The Sexual Trauma Awareness and Response (STAR) Center
- Children's Hospital New Orleans Audrey Hepburn Children at Risk Evaluation (CARE) Center
- Jefferson Parish Coroner's Office
- Department of Children and Family Services

Agency Website Review

The auditor reviewed the Louisiana Office of Juvenile Justice Website. Policies and procedures are available online. Annual PREA Reports and Facility PREA Audit Reports are published. Detailed information for the facility is available online.

Research

"Disturbance at Bridge City Center for Youth Involves 38, injures 2" - April 21, 2020

<https://www.fox8live.com/2020/04/21/disturbance-bridge-city-center-youth-involves-injures/>

"Bridge City Youth Center Employee Accused of Sexual Contact with Juvenile" - April 1, 2019

https://www.nola.com/news/crime_police/article_cc123f27-ea2d-581a-aa8a-ecda7aa55704.html

"Teen Transferred to Adult Facility Amid Rape Investigation at Bridge City Center for Youth" - July 16,

2018 <https://www.fox8live.com/story/38657493/teen-transferred-to-adult-facility-amid-rape-investigation-at-bridge-city-center-for-youth/>

[lity-amid-rape-investigation-at-bridge-city-center-for-youth/](https://www.fox8live.com/story/38657493/teen-transferred-to-adult-facility-amid-rape-investigation-at-bridge-city-center-for-youth/)

Forensic Medical Examinations

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.

Mandatory Reporting 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

Onsite Audit Phase

Entrance briefing

An entrance briefing was held with administrative staff. Introductions were made, the agenda for the two days was discussed, and the auditor and support staff began interviewing staff and residents, followed by the site review.

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 facility has eight (8) open bay housing units with up to twelve (12) beds each. The facility has 29 buildings in total. In addition to the housing units, there is an administration building with offices for administrative and support staff, a chapel, a school, kitchen with dining facilities, training area, a secured building that houses the control center with additional offices, and a medical unit with an infirmary. The gymnasium and pavilion area is used for recreation, visitation, and special programs. One the first day of the onsite audit the population of the facility was forty-eight (48) juveniles.

Processes and areas observed

No residents were admitted during the onsite phase of the audit. The PREA Compliance Manager explained the intake, screening and resident PREA education processes. All resident records were organized in large folders and secured in locked cabinets inside a locked file room. Grievance boxes are located at the entrance to each housing unit. Grievance forms and writing utensils are available. The boxes are checked daily.

Phones for reporting sexual abuse, sexual harassment or for contacting external crisis intervention services are available in each housing unit. The staff conducting the site review 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.

Specific area observations

Wherever residents were present, the auditor observed officers actively supervising the residents. Cameras are located throughout the facility.

Interviews

Interviews were held in a reserved visitation room. The location provided privacy and was centrally located to minimize disruption of daily activities and programming. Specialized staff were selected based on their respective duties in the facility. Twelve (12) staff, randomly selected from every shift, were interviewed using the random staff interview protocol. The resident population was forty-eight (48) on the first day of the audit. Ten (10) residents were randomly selected from all housing units.

- Agency head or designee
- Superintendent or designee
- PREA coordinator
- PREA compliance manager
- Agency contract administrator
- Randomly selected staff
- Intermediate or higher level facility staff responsible for conducting and documenting unannounced rounds
- Medical and mental health staff
- Non-medical staff involved in cross-gender strip or visual searches – N/A
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff (offsite)
- Volunteers and contractors who have contact with residents
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise residents in segregated housing – N/A
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files, and records. From this information, the auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Personnel and Training Files. The auditor reviewed background record checks and training files for all staff members.

Resident Files. On the first day of the onsite phase of the audit, the resident population was 48. A total of 10 resident records were reviewed by the auditor.

Medical and Mental Health Records. During the past year, there were 10 residents that reported sexual abuse; there were 0 residents that reported prior sexual victimization.

Grievances. In the past year, the facility identified 3 grievances of alleged resident on resident sexual harassment. The auditor reviewed the grievances.

Incident Reports. The auditor reviewed 16 incident reports of allegations of PREA related misconduct.

Investigation Files. During the past 12 months, there were 16 total allegations of PREA related misconduct at the facility broken down as follows:

Administrative Investigations

- 2 Substantiated (1 sexual abuse allegations and 1 sexual harassment allegations)
- 14 Unfounded (9 sexual abuse allegations and 5 sexual harassment allegations)
- 1 Unsubstantiated (0 sexual abuse allegations and 1 sexual harassment allegations)
- 0 Pending (0 sexual abuse allegations and 0 sexual harassment allegations)

Criminal Investigations

- 0 referred for prosecution
- 0 indictments (cases pending)
- 0 prosecution refused

Sexual Abuse – Resident on Resident

Hotline (0)

Grievances (0)

Reports to Staff (5)

Anonymous, 3rd Party (0)

Reports by Staff (8)

Total Allegations (7)

Sexual Abuse – Staff on Resident

Hotline (0)

Grievances (0)

Reports to Staff (2)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (2)

Sexual Harassment – Resident on Resident

Hotline (0)

Grievances (3)

Reports to Staff (1)

Anonymous, 3rd Party (0)

Reports by Staff (3)

Total Allegations (7)

Sexual Harassment – Staff on Resident

Hotline (0)

Grievances (0)

Reports to Staff (0)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (0)

Exit briefing

An exit briefing was held with administrative staff. The auditor discussed the onsite audit. In addition to documentation collected onsite, the auditor did have some additional requests for documentation. The PREA Compliance Manager and PREA Coordinator provided documentation requested in a timely manner.

Post-Onsite Audit Phase

The agency and facility completed the following corrective actions.

115.311 The new PREA Coordinator is identified on the OJJ organizational chart, with contact to the Chief of Operations.

115.313 BCCY did not have a PREA compliant staffing plan. The agency completed a staffing plan and emailed it to the auditor September 10, 2021.

115.367 Retaliation was not monitored for the 90 days as required by the standard. This standard provision was addressed through corrective action. The agency developed a system to monitor retaliation according to the standard requirements and emailed it to the auditor June 4, 2021.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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 (OJJ)
- Other Significant Relationship – N/A
- Facility Name - Bridge City Center for Youth (BCCY)
- Facility Address - 3225 River Road, Bridge City, Louisiana 70094
- Age of Facility - 1903
- Total Facility Rated Capacity - 84

Resident Population Size and Makeup

- Average daily population in the last 12 months - 65
- Actual population on day 1 of the onsite portion of the audit - 48
- Population Gender – Male
- Population Ethnicity - Multiethnic
- Average length of stay or time under supervision – 104 days

Staff Size and Makeup

- Number of Security Staff - 141
- Types of Supervision Practiced - Direct Supervision
- Number of Volunteers who may have contact with residents - 15
- Number of Contractors who may have contact with residents - 24
- Number of Interns who may have contact with residents - 0

Number and Type of Housing Units

- Number of single-occupancy cells - 0
- Number of open-bay dorms - 5
- Number of segregation or isolation cells or rooms – 3
- Number of multiple occupancy rooms – 0
- Number of closed units - 0

Facility Operations Physical Plant Description

The Bridge City Center for Youth (BCCY) located in Bridge City, Louisiana, The Louisiana Office of Juvenile Justice (OJJ) is the parent agency. The rated capacity for the facility is eighty-four (84) male youth. The facility has a maximum security level. The average daily population in the 12 months preceding the audit was sixty-five (65). The population during the onsite audit was forty-eight (48).

Supervision of the residents is direct with video monitoring used to augment supervision and for reviewing allegations or incidents. There are one hundred forty-one (141) staff currently employed who may have contact with residents. There are thirty-nine (39) volunteers and contractors who have contact with the residents. This number includes twenty-four (24) contract medical and mental health staff who have contact with the residents. The facility sits on a twenty-five (25) acre site and is comprised of twenty-nine (18) buildings. The program's physical plant has a number of buildings that are closed and off limits to the residents. The maintenance building, garages, and warehouse are located outside the secure areas of the facility. The fenced secure area has a main entrance controlled by security. There is an administration building with offices for administrative and support staff, a chapel, a school, kitchen with dining facilities, training area, a secured building that houses the control center with additional offices, and a medical unit with an infirmary. The gymnasium and pavilion area is used for recreation, visitation, and special programs. There is a separate family visitation room that is used for special visits or for family counseling. The eight open-bay (10) units have supervisor and social worker offices, multi-purpose/day rooms for the residents, bathrooms/shower areas, four (4) secured desks and chairs and twelve (12) bunk beds. Three (3) of the eight (8) units provide residents with sex offender treatment. Three (3) of the eight (8) units are closed.

Services Available

BCCY uses a multi-disciplinary team approach to provide treatment to residents. Upon arrival to the facility the residents meet with the social services staff for assessment classification, evaluation, and testing. These processes also occur at the Swanson Center for Youth (SCY) prior to the youth coming to BCCY. Resident housing assignments are made based on their risk assessment. Social services staff provide individual and group counseling utilizing Thinking for Change. Victim awareness, anger management, substance abuse, healthy masculinity, and pre-release preparation. The Louisiana Model (LaMOD) is used to create a therapeutic environment within the housing

units. 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. BCCY provides three (3) sex offender treatment units for residents requiring intensive sexual offender treatment program called Juveniles Understanding and Managing Problems (JUMP). Although housed separately, the residents interact with the general population in the school, recreation, and other activities. The residents' treatment team is comprised of licensed staff who conduct individual, family and group therapy, social services staff who conduct case management services for residents and their families, a program manager who monitors the program to ensure the program commitment is maintained and security staff who ensure the safety of the residents, conduct LAMOD groups and reinforce skills the residents learn in treatment.

One of the vocational programs called "The Student Culinary Arts and Occupations of BCCY" provides the residents with the ability to become a professional cook. The class consists of six (6) to eight (8) residents at one time. The residents learn all aspects of working in the food services industry, not only in food preparation, but in cleanliness, supply ordering, ingredients for recipes, table setting, etc. The certified culinary educator, a retired chef is teaching the residents how to work in a healthy environment.

Medical and mental health services are provided by Wellpath. Wellpath is a national leader in the provision of day-to-day health care programs in the correctional healthcare field, and currently oversees care for over 56,500 individuals daily. Wellpath offers quality programs, strong employee training initiatives and an excellent history of resource management. Wellpath brings a solutions-based approach to care and depth of experience, with juvenile facility accreditation by the American Correctional Association, making the company a well-qualified partner with the

Louisiana Office of Juvenile Justice in the provision of health services to the juveniles housed in their secure care facilities. Through this partnership, Wellpath provides daily management of medical, dental, and mental health needs for the youth.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

Standards Exceeded: None

Standards Not Met: None

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 349 1086 376">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 383 376 409">Documents:</p> <ol data-bbox="240 416 807 577" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 3. OJJ PREA Manual, Third Edition 2020 4. OJJ Organizational Chart 5. BCCY Organizational Chart <p data-bbox="240 607 571 633">Document (Corrective Action):</p> <p data-bbox="240 640 499 667">OJJ Organizational Chart</p> <p data-bbox="240 696 363 723">Interviews:</p> <ol data-bbox="240 730 552 792" style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p data-bbox="240 822 528 848">Site Review Observations:</p> <p data-bbox="240 855 762 882">Observations during on-site review of physical plant</p> <p data-bbox="240 911 504 938">Findings (By Provision):</p> <p data-bbox="240 945 363 972">115.311 (a)</p> <p data-bbox="240 978 1474 1176">PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="240 1205 1453 1332">Policy states the Office of Juvenile Justice is committed to complying with all provisions of the U.S. Department of Justice (DOJ) "Prison Rape Elimination Act" (PREA) by establishing zero tolerance toward all forms of sexual abuse and sexual harassment and provide for safe practices related to the prevention, detection, reduction, and punishment of all sexual assaults.</p> <p data-bbox="240 1361 1481 1794">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 facility cultures that discourage 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.</p> <p data-bbox="240 1823 363 1850">115.311 (b)</p> <p data-bbox="240 1856 1458 1984">PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure but direct contact with the Deputy Director is not indicated.</p> <p data-bbox="240 2013 1474 2076">Policy states YS shall employ a PREA Coordinator who is responsible for developing, implementing, and overseeing PREA compliance Agency wide.</p> <p data-bbox="240 2105 1358 2132">The new PREA Coordinator is identified on the OJJ organizational chart, with contact to the Chief of Operations.</p>

115.311 (c)

PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager is in the agency's organizational structure.

Policy states each facility shall designate a PREA Compliance Manager who shall be responsible for coordinating the facility's PREA compliance efforts.

The PREA Compliance Manager is identified on the BCCY organizational chart. He confirmed he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. Corrective action is complete.

115.311 (b) – Corrective Action

The position of the new PREA Coordinator is in the agency's organizational structure, with contact with the Chief of Operations.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. Contracts <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator <p>Findings (By Provision):</p> <p>115.312 (a)</p> <p>PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit: The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: Fifteen (15) The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: Five (5)</p> <p>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."</p> <p>115.312 (b)</p> <p>PAQ: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: Four (4)</p> <p>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. Failure to comply with PREA, including PREA Standards and YS Policies may result in termination of the contract. Additionally, Contractor will work with the Office of Juvenile Justice PREA Coordinator in scheduling audits in accordance with the agency audit cycle established by OJJ. Failure to pass the audit after any corrective action period will/may result in the cancellation of the contract. Contractor is required to comply with all applicable provisions of the Louisiana Children's Code."</p> <p>The PREA Coordinator confirmed new and renewed contracts for confinement services are monitored to determine if the contactor complies with required PREA practices. PREA compliance results have been completed for each contract entered into agreement within the past 12 months. Contract facilities have completed and submitted PREA compliance results.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.2.14 Secure Care Facility Staffing 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. YS Policy C.2.19 Youth Counts, Movements and Facility Rounds 5. OJJ PREA Manual, Third Edition 2020 6. Staffing Plan Assessments (2018, 2019, and 2020) 7. Documented Staffing Plan Deviation 8. Supervisory Monitoring Logs (Unannounced Rounds) <p>Document (Corrective Action): PREA Compliant Staffing Plan – completed September 10, 2021</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. PREA Compliance Manager 4. Intermediate or Higher-Level Facility Staff <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.313 (a) PAQ: Since the 2018 PREA audit: The average daily number of residents: 56 The average daily number of residents on which the staffing plan was predicated: 48</p> <p>Policy states 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:</p> <ol style="list-style-type: none"> 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; 11. Any other relevant factors. <p>BCCY did not have a PREA compliant staffing plan. The agency completed a staffing plan and emailed it to the auditor September 10, 2021. The auditor reviewed the staffing plan and found it to be compliant with the standard provisions.</p> <p>115.313 (b) PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.</p> <p>Policy states each 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.</p> <p>The Facility Director confirmed there was one (1) circumstance in which the facility was unable to meet the requirements of the staffing plan. The auditor reviewed the documented deviation for verification. The facility documents all instances of non-compliance with the staffing plan and includes an explanation for non-compliance.</p>

115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: One (1)

The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: Zero (0)

The Facility Director confirmed the facility maintains staffing ratios of 1:8 during waking hours and 1:12 during sleeping hours. He confirmed the facility uses video monitoring, shift coverage logs, hold overs, and on-call rosters to ensure the facility maintains appropriate staffing ratios.

PREA Site Review:

During the onsite tour of the facility the auditor observed the classrooms and living units were compliant with required staffing ratios.

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Policy requires that at least once per year, the agency in consultation with the PREA coordinator, shall assess, determine, and document whether adjustments are necessary to the staffing plans and deployment of video monitoring and other monitoring systems for its secure care facilities.

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.

The PREA Coordinator confirmed she is part of the team that meets regarding assessments of, or adjustments to, the staffing plan for BCCY. She confirmed the plan is assessed at least annually and documented with the Annual Facility Staffing Assessment.

The auditor reviewed staffing assessments for 2018, 2019, and 2020 for verification they are inclusive of the standard provision requirements.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

YS Policy and 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.

YS Policy and 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".

An interview with a shift supervisor confirmed she conducts unannounced rounds. They are conducted on all shifts and she stated she does not announce the rounds are occurring and enters through the back door. She documents the rounds on the Supervisory Monitoring Form.

The auditor reviewed documentation showing that unannounced rounds are occurring as required by policy. The facility records the unannounced rounds on the Supervisory Monitoring Form.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.

Corrective Action - 115.313 (a)

BCCY did not have a PREA compliant staffing plan. The agency completed a staffing plan and emailed it to the auditor

September 10, 2021. The auditor reviewed the staffing plan and found it to be compliant with the standard provisions.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.2.24 Staff Development and Training Plan 3. YS Policy B.2.20 Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth 4. YS Policy C.2.3 Searches of Youth 5. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 6. OJJ PREA Manual, Third Edition 2020 7. Training Curriculum: Guidance in Cross-gender and Transgender Pat Searches, The Moss Group, Inc. 8. Staff Training Records - (Cross-gender and Transgender Pat Searches) 9. Unusual Occurrence Report (UOR) Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents – None present <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.315 (a)</p> <p>PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months: The number of cross-gender strip or cross-gender visual body cavity searches of residents: Zero (0) 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: Zero (0)</p> <p>Policy states cross-gender strip searches or visual body cavity searches are prohibited except in exigent circumstances or when performed by medical practitioners.</p> <p>115.315 (b)</p> <p>PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months: The number of cross-gender pat-down searches of residents: Zero (0) The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): Zero (0)</p> <p>Policy states cross-gender pat-down searches are prohibited unless exigent circumstances are present and shall be justified and documented on a UOR when they occur.</p> <p>Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search other than searches of transgender or intersex residents.</p> <p>115.315 (c)</p> <p>PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.</p> <p>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.</p> <p>115.315 (d)</p> <p>PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.</p>

YS policies and secure care facility SOPs shall be implemented that enable youths 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.

YS policies, facility SOPs and contract facility SOPs shall provide procedures for cross-gender staff announcing their entrance into housing areas

PREA Site Review:

Onsite observations and formal and informal interviews with staff revealed residents are able to shower, change clothing and perform bodily functions without being seen by female staff.

Staff interviews confirmed female staff would announce their presence if they were to enter one of the housing units. They also confirmed residents are able to shower, change clothing, and perform bodily functions without being seen by female staff. Resident interviews confirmed female staff announce their presence if they enter one of the housing units. No residents interviewed reported ever having been naked in full view of female staff while showering, changing clothing, and performing bodily functions.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

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.

Staff interviews confirmed they are aware policy prohibits them from conducting a physical examination or search of transgender or intersex resident solely for the purpose of determining the resident's genital status.

115.315 (f)

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. Training is accomplished using the Guidance in Cross-Gender and Transgender Pat Searches Training Curriculum.

The auditor reviewed the Guidance in Cross-Gender and Transgender Pat Searches Training Curriculum and Transgender and Intersex Search Staff Training Logs for verification the training is provided.

Conclusion:

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

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. OJJ PREA Manual, Third Edition 2020 3. SOP B.8.8 American with Disabilities Act 4. Sign Language Agreement with The Deaf Action Center of Greater New Orleans 5. MOU with 1-World Language LLC 6. Youth Request for Accommodation Form 7. Youth Safety Guide Pamphlet - English & Spanish 8. Youth PREA Orientation - English & Spanish <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee 2. Random sample of Staff 3. Residents (with disabilities or who are limited English proficient) - None present <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.316 (a)</p> <p>PAQ: The agency has established procedures to provide disabled residents 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.</p> <p>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).</p> <p>The Deputy Secretary confirmed contracts and services are in place to provide residents who are deaf or hard of hearing or residents with disabilities 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. BCCY has a contract with The Deaf Action Center of Greater New Orleans for sign language interpretation. Special education teachers are available to assist as needed.</p> <p>115.316 (b)</p> <p>PAQ: The agency has established procedures to provide residents with limited English proficiency 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.</p> <p>Policy states youth who are limited English proficient shall have meaningful access to all aspects of YS' efforts to prevent, detect and respond to sexual abuse, injurious sexual conduct, and sexual harassment.</p> <p>1-World Language LLC provides interpreter services for limited English proficient residents. The Youth PREA Orientation is available in English and Spanish. The Youth Safety Guide Pamphlet is also available in English and Spanish.</p> <p>115.316 (c)</p> <p>PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.</p> <p>In the past 12 months, the number of 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: Zero (0)</p>

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.

There were no residents in need of an interpreter during the onsite phase of the audit. Staff interviews confirmed no resident interpreters, resident readers, or other types of resident assistants have been used in relation to allegations of sexual abuse or sexual harassment in the 12 months preceding the audit.

Conclusion:

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 703 566" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. OJJ PREA Manual, Third Edition 2020 3. YS Policy A.2.18 Criminal Record Check 4. Criminal Record Clearances 5. DCFS State Central Registry Disclosures 6. Applications 7. PREA Questionnaire (previous misconduct) <p data-bbox="240 598 363 624">Interviews:</p> <ol data-bbox="240 629 671 656" style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p data-bbox="240 687 528 714">Site Review Observations:</p> <p data-bbox="240 719 762 745">Observations during on-site review of physical plant</p> <p data-bbox="240 777 504 804">Findings (By Provision):</p> <p data-bbox="240 813 360 840">115.317 (a)</p> <p data-bbox="240 844 1453 907">PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol data-bbox="240 911 1465 1104" style="list-style-type: none"> 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. <p data-bbox="240 1135 1445 1162">Policy states job applicants and contractors shall NOT be hired, or services contracted for if the applicant/contractor has:</p> <ol data-bbox="240 1167 1465 1328" style="list-style-type: none"> 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. <p data-bbox="240 1359 1461 1453">The auditor reviewed new employee applications for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered. The auditor also observed PREA Questionnaires demonstrating exiting employees are asked the same questions about misconduct annually.</p> <p data-bbox="240 1485 1465 1579">The HR staff interview supported the documented evidence. The facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.</p> <p data-bbox="240 1610 360 1637">115.317 (b)</p> <p data-bbox="240 1641 1422 1704">PAQ: Agency policy requires the consideration of 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.</p> <p data-bbox="240 1736 1417 1798">Policy states incidents of sexual harassment shall be considered when making decisions to hire, promote or enter into contracts.</p> <p data-bbox="240 1830 1134 1924">The HR staff confirmed the department considers prior 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 the residents.</p> <p data-bbox="240 1955 360 1982">115.317 (c)</p> <p data-bbox="240 1986 1453 2148">PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse</p>

During the past 12 months:

The number of persons hired who may have contact with residents who have had criminal background record checks: 86

The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Policy states prior to hiring new employees, the following checks shall occur:

1. The Unit's HR Liaison shall perform a criminal background check pursuant to YS Policy No. A.2.18;
2. PSS/HR shall consult the Department of Children and Family Services (DCFS) child abuse registry; and
3. 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 auditor reviewed examples of Criminal Record Clearances and DCFS State Central Registry Disclosures for newly hired staff.

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions. The HR staff also confirmed the agency consults the Department of Children and Family Services (DCFS) child abuse registry.

115.317 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. 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: 1
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

Policy states the following checks shall occur:

1. The Unit's HR Liaison shall perform a criminal background check pursuant to YS Policy No. A.2.18;
2. PSS/HR shall consult the Department of Children and Family Services (DCFS) child abuse registry; and
3. 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 auditor reviewed examples of Criminal Record Clearances and DCFS State Central Registry Disclosures for contracted staff.

The HR staff confirmed the facility makes its best effort 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.

115.317 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

The HR staff confirmed OJJ has in place a system that alerts agency staff within 72 hours of an arrest.

115.317 (f)

Policy states job applicants and employees shall be asked directly about previous misconduct described in provision (a) in written applications, interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

The auditor reviewed applications and PREA Questionnaires to verify the three questions required by this provision are asked. These questions are asked during hiring, employee evaluations and promotions.

The HR staff confirmed the facility asks all applicants and employees who may have contact with residents about previous misconduct described in this provision of the standard.

115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy states material omissions or providing materially false information shall be grounds for termination.

115.317 (h)

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 HR staff confirmed the facility would provide this information if requested to do so.

Conclusion:

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

115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. Camera Description <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.318 (a)</p> <p>PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>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.</p> <p>BCCY is not a new facility and there have been no substantial expansions or modifications since the last PREA audit. Interviews with the Deputy Secretary and Facility Director confirmed the agency would consider the effects of such changes on its ability to protect residents from sexual abuse.</p> <p>115.318 (b)</p> <p>PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>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.</p> <p>Interviews with the Deputy Secretary and Facility Director confirmed enhancing the facility's ability to protect residents from sexual abuse was considered when updating the video monitoring system. The auditor reviewed the upgrades to the video monitoring system.</p> <p>The Director of Investigative Services stated Bridge City Center for Youth (BCCY) had upgrades to the video monitoring system within the previous year.</p> <p>The new system included the replacement of the existing cameras around the facility and additional cameras were added in various areas around the facility. In regard to the additional cameras, the facility now has coverage in the schools and extended coverage of the outside grounds and fence lines of the facility.</p> <p>The new cameras allow the facility to view camera coverage in color and provide a better quality of video. This has benefitted investigators while conducting investigations into allegations of sexual harassment, or abuse and has provided additional assistance to staff assigned in Main Control; an area where new monitors are installed for staff stationed there to observe day-to-day activities throughout the facility. In addition to this, Main Control and other staff that have access to the system, have the ability to assist supervisory staff of events or suspicious activity, taking place in living quarters and other areas. With the efforts of the staff, the new system can provide a quicker response to suspicious activity taking place and the ability to prevent such activity.</p> <p>Conclusion:</p> <p>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.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. IS Policy 3.22 PREA Investigations 3. YS Policy A.1.4 Investigative Services 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. YS Policy C.4.6 Securing Physical Evidence/Crime Scene 6. OJJ PREA Manual, Third Edition 2020 7. Louisiana Foundation Against Sexual Assault (LaFASA) Sexual Assault Center Accreditation: http://lafasa.org/main/accreditation 8. MOU with Metropolitan Center for Women and Children: http://www.mccagno.org/ - LaFASA accredited sexual assault center with victim advocacy 9. Audrey Hepburn Children at Risk Evaluation (CARE) Center Website: http://www.chnola.org/CAREcenter 10. University Medical Center New Orleans: www.umcno.org/Forensic 11. Jefferson Parish Coroner's Website: http://jpcoroner.com/sexual-assault 12. Jefferson Parish Coroner Sexual Assault Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Sample of Staff 3. SAFE/SANEs 4. Residents who Reported a Sexual Abuse – None identified <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.321 (a)</p> <p>PAQ: The facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>The OJJ Department of Investigative Services (IS) is responsible for administrative and criminal investigations of allegations of sexual abuse.</p> <p>Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that the OJJ Department of Investigative Services (IS) is responsible for conducting sexual abuse investigations.</p> <p>115.321 (b)</p> <p>PAQ: The protocol is developmentally appropriate for youth.</p> <p>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.</p> <p>The protocol shall be developmentally appropriate for youth and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. DOJ'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.</p> <p>115.321 (c)</p> <p>PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.</p> <p>During the past 12 months:</p> <p>The number of forensic medical exams conducted: Zero (0)</p> <p>The number of exams performed by SANEs/SAFEs: Zero (0)</p> <p>The number of exams performed by a qualified medical practitioner: Zero (0)</p>

Policy states 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.

If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The CHP shall document its efforts to provide SAFEs or SANEs and forward that documentation to the youth's Case Manager for entry into JETS.

Forensic examinations are performed by a SANE at the Children's Hospital New Orleans Audrey Hepburn Children at Risk Evaluation (CARE) Center for victims from birth to 17 years of age. The CARE Center is a comprehensive child abuse center providing state-of-the-art pediatric forensic medicine evaluations in a home-like cottage near Audubon Park. Beyond providing clinical excellence in child abuse forensic medicine, the CARE Center is active in treatment, consultation, prevention, training, education, and research.

Male adult sexual assault victims 18 and older are examined at University Medical Center New Orleans. The University Medical Center New Orleans provides 24/7 Forensic Services including specially trained forensic nurses. A multi-disciplinary team approach is involved in the examination of physical trauma after a sexual assault. The forensic nurse will provide one-on-one patient care for forensic medical examinations which may include:

- Permission to participate in the examination
- Patient advocate
- Forensic evidence collection
- Forensic photography
- HIV/STD Testing & prevention medications
- Laboratory Testing
- Pregnancy Prevention Options
- Clothing & toiletries provided after a shower
- Referrals for follow-up services
- A safety plan

115.321 (d)

PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

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.

Efforts to secure services from rape crisis centers shall be documented by the CHP. A rape crisis center that is part of a governmental unit may be utilized as long as the center is not part of the criminal justice system (such as a law enforcement Agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. Documented efforts shall be forwarded by the CHP to the youth's Case Manager for entry into JETS.

BCCY has a MOU with the Metropolitan Center for Women and Children for qualified victim advocacy services. The Metropolitan Center for Women and Children is one of 11 Louisiana Foundation Against Sexual Assault (LaFASA) accredited sexual assault centers. LaFASA strives to ensure that survivors of sexual violence across Louisiana provide the highest quality care. To guarantee this, LaFASA provides training and assistance to their 11 partner sexual assault centers and other allied professionals (law enforcement, medical personnel, corrections staff, etc.) to make sure that they have the tools to treat survivors using trauma-informed best practices.

The PREA Compliance Manager confirmed the facility would make available to the victim a victim advocate from the Metropolitan Center for Women and Children.

115.321 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Policy states as requested by the victim, the victim advocate, qualified Agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention information, and referrals.

The PREA Compliance Manager confirmed the facility would make available to the victim a victim advocate from the Metropolitan Center for Women and Children.

115.321 (f)

PAQ: If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The OJJ Department of Investigative Services (IS) is responsible for administrative and criminal investigations of allegations of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. IS Policy 3.22 PREA Investigations 3. IS Policy 3.33 RAPE Investigation Procedures 4. YS Policy A.1.4 Investigative Services 5. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 6. OJJ PREA Manual, Third Edition 2020 7. BCCY 2020 PREA Status Database 8. Administrative Investigation Reports for Allegations of Sexual Harassment and Sexual Abuse <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.322 (a)</p> <p>PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <p>The number of allegations of sexual abuse and sexual harassment that were received: Seventeen (17)</p> <p>The number of allegations resulting in an administrative investigation: Seventeen (17)</p> <p>The number of allegations referred for criminal investigation: Zero (0)</p> <p>Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.</p> <p>Policy states an administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment pursuant to YS Policy No. A.1.4.</p> <p>The OJJ Deputy Secretary confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>The auditor reviewed seventeen (17) administrative investigation reports for allegations of sexual harassment and sexual abuse.</p> <p>115.322 (b)</p> <p>PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>Policy states allegations of sexual abuse or sexual harassment shall be referred to IS for investigation.</p> <p>YS Policy A.1.4 - Investigative Services is published on the OJJ website under the URL https://ojj.la.gov/wp-content/uploads/2018/04/A.1.4.pdf. The OJJ Department of Investigative Services has the legal authority to conduct criminal investigations. The BCCY Lead Investigator confirmed OJJ has the legal authority to conduct criminal investigations.</p> <p>115.322 (c)</p> <p>If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>Policy states sexual abuse and sexual harassment referrals shall be documented by IS.</p> <p>Criminal investigations shall be conducted by local law enforcement per local protocol and supported by IS pursuant to YS policy and protocol.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with</p>

this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 331">Documents:</p> <ol data-bbox="240 338 1465 734" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.2.24 Staff Development and Training Plan 3. YS Policy B.2.20 Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. OJJ Employee PREA Training Curriculum 6. PREA Guide for Staff 7. 2020 OJJ PREA Refresher Handout – Handling Disclosures of Abuse 8. PREA Refresher Calendar 9. Staff Confirmation of Receipt of PREA Training (examples) 10. 2020 Staff Training Rosters 11. Training Records Entry Database (TREC) <p data-bbox="240 763 363 788">Interviews:</p> <p data-bbox="240 795 491 824">Random Sample of Staff</p> <p data-bbox="240 853 528 878">Site Review Observations:</p> <p data-bbox="240 884 762 913">Observations during on-site review of physical plant</p> <p data-bbox="240 943 507 967">Findings (By Provision):</p> <p data-bbox="240 974 363 999">115.331 (a)</p> <p data-bbox="240 1005 1350 1034">PAQ: The agency trains all employees who may have contact with residents on the eleven (11) required topics.</p> <p data-bbox="240 1064 1493 1196">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:</p> <ol data-bbox="240 1202 1493 1666" style="list-style-type: none"> 1. The policy of zero-tolerance for sexual abuse and sexual harassment; 2. 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; 3. Youths' right to be free from sexual abuse and sexual harassment; 4. Youths' and employees' right to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. Common reactions of juvenile victims of sexual abuse and sexual harassment, including isolation, depression, etc.; 7. Detecting and responding to signs of threatened and actual sexual abuse; sexually aggressive behavior and how to distinguish between consensual sexual contact and sexual abuse between youth; 8. Avoiding inappropriate relationships with youth; 9. Communicating effectively and professionally with youth, including those who are lesbian, gay, bisexual, transgender, intersex, questioning (LGBTIQ), or gender nonconforming; 10. Relevant laws regarding the applicable age of consent; and 11. Awareness and enforcing of policies and procedures regarding sexual conduct of youth <p data-bbox="240 1695 1474 1789">The OJJ Employee PREA Training Curriculum includes all of the topics required by the standard. Staff interviews confirmed they have received annual training on the required topics. The auditor reviewed the OJJ Employee PREA Training Curriculum, 2020 staff training rosters, and examples of Staff Confirmation of Receipt of PREA Training.</p> <p data-bbox="240 1818 363 1843">115.331 (b)</p> <p data-bbox="240 1850 1458 1912">PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p data-bbox="240 1942 1490 2036">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.</p> <p data-bbox="240 2065 363 2089">115.331 (c)</p> <p data-bbox="240 2096 1484 2159">PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact</p>

with residents receive refresher training on PREA requirements: Annually

Policy states 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.

The auditor reviewed the training curricula and staff training records for 2020.

115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Employee attendance and understanding of the training provided shall be documented, through employee signature on the "Staff Confirmation of Receipt" [see Attachment C.2.11 (b)], 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 auditor reviewed training records for verification.

Conclusion:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.2.24 Staff Development and Training Plan 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ Employee PREA Training Curriculum 5. Contract Provider / Volunteer Confirmation of Receipt of PREA Training 6. Contract Provider / Volunteer Confirmation of Receipt for Contractors without Direct Contact with Youth PREA <p>Interviews:</p> <ol style="list-style-type: none"> 1. Volunteers or Contractors who have Contact with Residents – no active volunteers <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.332 (a)</p> <p>PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. 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: 39</p> <p>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 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.</p> <p>Interviews with contractors confirmed they have been trained on their responsibilities under OJJ's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. They reported they would report to their supervisor. The auditor reviewed Contract Provider / Volunteer Confirmation of Receipt of PREA Training examples. Currently there are no active volunteers.</p> <p>115.332 (b)</p> <p>PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>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.</p> <p>Contracted Wellpath staff also receive the 11 topics required by standard 115.331 and the specialized training topics required by 115.335. The auditor reviewed training records and certificates for verification.</p> <p>115.332 (c)</p> <p>PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Policy states documentation confirming that volunteers and contractors understand the training received above in Employees, Section (A) above, shall be confirmed through their signature on the "Contract Provider/Volunteer Confirmation of Receipt" [see Attachment C.2.11 (c)]. 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" [see Attachment C.2.11 (c.1)].</p> <p>Volunteers and contractors sign the Contract Provider/Volunteer Confirmation of Receipt of PREA Training. The auditor reviewed Contract Provider / Volunteer Confirmation of Receipt of PREA Training examples.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with</p>

this standard regarding volunteer and contractor training. No corrective action is required.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.2.3 Secure Care Intake 3. YS Policy B.8.12 Secure Care Youth Orientation 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. OJJ PREA Manual, Third Edition 2020 6. Sign Language Agreement with The Deaf Action Center of Greater New Orleans 7. MOU with 1-World Language LLC 8. OJJ PREA PowerPoint 9. PREA Youth Education Video 10. Youth Safety Guide Pamphlet - English & Spanish 11. Youth PREA Orientation - English & Spanish 12. Resident PREA Poster - OJJ "Break the Silence, Make the Call" 13. Youth Confirmation of Receipt of PREA - signed examples 14. Youth Confirmation of Receipt of Youth / Staff Relationships- signed examples <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.333 (a)</p> <p>PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion. Of residents admitted during the past 12 months, the number who were given this information at intake: 93</p> <p>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.</p> <p>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 intake staff confirmed she provides the residents with complete PREA education during intake. She confirmed all residents receive the information. Residents transferred from other facilities are educated in the same manner as all 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. Residents interviewed confirmed they were given information about the rules against sexual abuse and sexual harassment.</p> <p>115.333 (b)</p> <p>PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 93</p> <p>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:</p> <ol style="list-style-type: none"> 1. Avoid risky situations related to sexual assault; 2. Safely report rape or sexually inappropriate behavior; 3. Obtain counseling services and/or medical assistance if victimized; and 4. Evaluate the risks and potential consequences for engaging in any type of sexual contact while in the facility. <p>The intake staff reported she ensures residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. The residents review a PowerPoint presentation and watch a video. They are given a copy of</p>

the Youth Safety Guide regarding sexual abuse and harassment. Residents also read their rights and responsibilities, which include the right to be free from abuse and neglect. The residents sign the Youth Confirmation of Receipt of PREA, and Youth Confirmation of Receipt of Youth/Staff Relationships. The auditor reviewed confirmation receipts for verification.

115.333 (c)

PAQ: All residents were educated within 10 days of intake.

Upon transfer to a different facility, youth shall be briefed on the same information required by provision (b) within the same time parameters.

115.333 (d)

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

Policy states the agency shall provide youth education in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youths who have limited reading skills.

OJJ has a contract with The Deaf Action Center of Greater New Orleans for American Sign Language interpreter services and 1-World Language LLC for language interpreter services. Special education teachers are available to assist youth who are visually impaired or otherwise disabled, as well as youths who have limited reading skills. PREA education materials are available in English and Spanish.

115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

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 as indicated in Section V.A.4.

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. The auditor reviewed examples for verification.

115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Policy states 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 auditor observed the placement of the posters during the facility site review. The Youth Safety Guide supports the availability of PREA education for the juveniles. The Youth Safety Guide includes important PREA information, such as contact information for reporting.

Conclusion:

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. IS 4.1 Procedural Orders: Training for Investigators 3. YS Policy A.1.4 Investigative Services 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. OJJ PREA Manual, Third Edition 2020 6. NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting 7. 2020 Training Rosters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.334 (a) PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Policy states investigators shall have received training in conducting sex abuse investigations in confinement settings. The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the five facility investigators.</p> <p>115.334 (b) Policy states 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. and responsibilities, which include the right to be free from abuse and neglect. Training is accomplished through online training presented by the National Institute of Corrections. An interview with the BCCY Lead Investigator confirmed he has received the required training. The auditor reviewed training records for verification.</p> <p>115.334 (c) PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 5 Policy states required training shall be documented in TREC. The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the five facility investigators.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. A.2.24 Staff Development and Training Plan 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 5. CCS PREA PowerPoint 6. Staff Confirmation of Receipt of PREA Training (examples) 7. 2020 Staff Training Rosters 8. "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" (NIC) Certificates 9. "Medical Health Care for Sexual Assault Victims in a Confinement Setting" (NIC) Certificates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Contract Medical Staff 2. Contract Mental Health Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.335 (a)</p> <p>PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 23</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%</p> <p>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:</p> <ol style="list-style-type: none"> 1. Detecting and assessing signs of sexual abuse and sexual harassment; 2. Preserving physical evidence of sexual abuse; 3. Responding effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and 4. Reporting allegations or suspicions of sexual abuse and sexual harassment. <p>Training is accomplished through online training presented by the National Institute of Corrections. Mental health practitioners completed PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Medical staff completed PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting.</p> <p>Interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed the NIC Certificates and training records for verification.</p> <p>115.335 (b)</p> <p>PAQ: OJJ does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.</p> <p>Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at OJJ facilities. Forensic examinations are performed by a SANE at the Children's Hospital New Orleans Audrey Hepburn Children at Risk Evaluation (CARE) Center for victims from birth to 17 years of age. Male adult sexual assault victims 18 and older are examined at University Medical Center New Orleans.</p> <p>115.335 (c)</p> <p>PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>Policy states documentation that medical and mental health practitioners have received the training referenced in Section IV.D.1 above from the Agency 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.</p>

Documentation that the training referenced in Section IV.D.1 above was received elsewhere shall be maintained in the CHP employee's file with a copy forwarded to the unit's designated training staff for filing.

The auditor reviewed training records and NIC Certificates for verification the training has been received.

115.335 (d)

Policy states medical and mental health care practitioners shall also receive the training mandated for employees under Section IV.A above, or for contractors and volunteers under Section IV.B above, 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 auditor reviewed staff PREA training records. The contracted medical and mental health staff received the training mandated for § 115.331. Additionally, they received the training required for contractors and volunteers under § 115.332.

Conclusion:

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

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.2.3 Secure Care Intake 1. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 2. OJJ PREA Manual, Third Edition 2020 3. OJJ Intake Screening and Housing Assignment Form - examples <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Random Sample of Residents <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.341 (a)</p> <p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>In the past 12 months:</p> <p>The number of residents entering the facility (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: 39</p> <p>The percent of residents entering the facility (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: 100%</p> <p>The policy requires that a resident's risk level be reassessed every three months.</p> <p>Policy states within 72 hours of the youth's arrival at the facility and at the time of each SAVRY reassessment during 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. Risk levels are reassessed every three months.</p> <p>The auditor reviewed completed Intake & Quarterly Staffing Screening and Housing Assessments for verification.</p> <p>The Staff Responsible for Risk Screening 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 with 72 hours of intake. She stated risk levels are reassessed every three months. The residents interviewed who entered the facility within the past twelve months confirmed they were asked questions like the following examples at intake:</p> <ol style="list-style-type: none"> 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? <p>115.341 (b)</p> <p>PAQ: Risk assessment is conducted using an objective screening instrument.</p> <p>Policy states assessments shall be conducted using the "Intake & Quarterly Staffing Screening and Housing Assessment" objective screening instrument.</p> <p>The auditor observed the objective screening instrument, examples for residents interviewed, and additional examples for the 12 month audit period.</p> <p>115.341 (c)</p> <p>Policy states at a minimum, the agency shall attempt to ascertain information about:</p> <ol style="list-style-type: none"> 1. Prior sexual victimization or abusiveness;

2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
3. Current charges and offense history;
4. Age;
5. Level of emotional and cognitive development;
6. Physical size and stature;
7. Mental illness or mental disabilities;
8. Intellectual, physical, or developmental disabilities;
9. Youth's own perception of vulnerability; and
10. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the Intake & Quarterly Staffing Screening and Housing Assessment and found it to be inclusive of the required information. Additionally, the Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d)

Policy states the information 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.

The interview with the Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with the residents using the Intake & Quarterly Staffing Screening and Housing Assessment. Other assessments and records are referred to as needed.

115.341 (e)

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.

The auditor observed the facility's file room. The files are secured in locked cabinets behind a locked door. The PREA Coordinator, PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. The information is available on a need-to-know basis.

Conclusion:

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.2.8 Behavioral Health Treatment Unit (BHTU) 3. YS Policy B.2.20 Non-Discriminatory Services to Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ), and Nonconforming Youth 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. OJJ PREA Manual, Third Edition 2020 6. OJJ Intake Screening and Housing Assignment Form - examples <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. PREA Compliance Manager 4. Staff Responsible for Risk Screening 5. Staff who Supervise Residents in Isolation (N/A) 6. Medical Staff 7. Mental Health Staff 8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – no isolation 9. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – none identified <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.342 (a)</p> <p>PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Policy states facility Directors and Contract providers shall use all information initially obtained in 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.</p> <p>The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.</p> <p>115.342 (b)</p> <p>PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>In the past 12 months:</p> <p>The number of residents at risk of sexual victimization who were placed in isolation: 0</p> <p>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: 0</p> <p>The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A</p> <p>Policy states youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep all youth safe, and then only until an alternative means of keeping all youth safe can be arranged, pursuant to YS Policy No. B.2.8. During any period of isolation youth shall not be denied daily large-muscle exercise and any legally required educational programming or special education services. Youth shall receive daily visits from a medical or mental health care clinician. Youth shall also have access to other programs and work opportunities to the extent possible. (Refer to YS Policy No. B.2.8)</p> <p>The Facility Director confirmed BCCY does not use isolation for residents at risk of sexual victimization.</p>

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

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.

The PREA Coordinator and PREA Compliance Manager both confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

115.342 (d)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Policy states when 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.

The PREA Compliance Manager confirmed housing and programming assignments for transgender male, transgender female, or intersex residents are made on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.342 (e)

PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

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.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

PAQ: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Policy states a transgender or intersex youth's views with respect to his/her safety shall be given serious consideration.

The PREA Compliance Manager confirmed the agency considers whether placement will ensure a resident's health and safety and the intake staff responsible for risk screening confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Policy states transgender and intersex youth shall be given the opportunity to shower separately from other youth.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

115.342 (h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

A statement of the basis for facility's concern for the resident's safety, and

The reason or reasons why alternative means of separation cannot be arranged: N/A

No residents at risk of sexual victimization were held in isolation in the past 12 months. BCCY does not use isolation for residents at risk of sexual victimization.

115.342 (i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

No residents at risk of sexual victimization were held in isolation in the past 12 months. BCCY does not use isolation for

residents at risk of sexual victimization.

Conclusion:

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.5.2 Regional office Duty Officers and Facility Administrative Duty Officers Reporting of Serious Incidents 3. YS Policy B.8.1 Telephone Usage by Youth and Monitoring of Calls 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. YS Policy C.4.3 Mandatory Reporting of Abuse and Neglect of Youth 6. OJJ PREA Manual, Third Edition 2020 7. Youth Confirmation of Receipt of PREA Education 8. Administrative Remedy Procedure (ARP) Form 9. OJJ Youth Safety Poster: Break the Silence - Make the Call 10. OJJ Youth Safety Guide - English & Spanish 11. Reporting Resources Poster 12. The Louisiana Foundation against Sexual Assault (LaFASA): 1-888-995-7273 http://www.lafasa.org/main/sexual_assault_centers 13. Metropolitan Center for Women and Children: 24-hour Crisis Line 1-888-411-1333 http://www.mccagno.org/ - LaFASA accredited sexual assault center 14. Sexual Trauma Awareness and Response (STAR) Center: 24-hour Crisis Line 1-855-435-STAR https://www.star.ngo/ <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse (none) <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.351 (a)</p> <p>PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>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.</p> <p>The residents can use the direct dial phones to internally report to sexual abuse and sexual harassment.</p> <ol style="list-style-type: none"> 1. Investigative Services: *999 2. Family Liaison: *800 <p>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 and PREA pamphlets. Resident interviews confirmed they were knowledgeable of different ways to report. Responses included: verbal reports, ARP's, third-party reports, and reporting by telephone. Staff interviews confirmed residents are able to privately report.</p> <p>115.351 (b)</p> <p>PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. DYS does not detain youth solely for civil immigration purposes.</p> <p>Policy states 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.</p> <p>Contact information for public or private entities or offices that are not part of the agency includes:</p> <ol style="list-style-type: none"> 1. The Louisiana Foundation against Sexual Assault (LaFASA): 1-888-995-7273, or by direct dial phones: Press 1 for English, or 2 for Spanish and then press 1-555 and enter PIN#. 2. Metropolitan Center for Women and Children: 24-hour Crisis Line 1-888-411-1333

3. Sexual Trauma Awareness and Response (STAR): 24-hour Crisis Line 1-855-435-STAR

The auditor observed the contact information listed on PREA posters, PREA pamphlets, next to direct dial phones and in the resident handbook. Resident interviews confirmed the youth were knowledgeable of their ability to make an anonymous report. The PREA Compliance Manager confirmed there are several ways for residents to report abuse or harassment to a public or private entity or office that is not part of the facility.

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: immediately

Policy states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Staff interviews confirmed reports can be made verbally, in writing, anonymously, and from third parties. Most staff interviewed stated they would document verbal reports immediately. Reports would be made to the Facility Director and Investigative Services. Residents interviewed acknowledged they could report verbally or in writing. If they wanted to make a report without having to give their name a relative or friend could make the report for them.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

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 writing utensils to write an ARP. The auditor observed the availability of writing utensils and ARP forms.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

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 IS Hotline.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.5.3 Administrative Remedy Procedure 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 5. Administrative Remedy Procedure (ARP): How to Complain About Your Problem 6. Administrative Remedy Procedure (ARP) Form 7. Youth Confirmation of Receipt of PREA Education 8. OJJ Youth Safety Poster: Break the Silence-Make the Call 9. Youth Safety Guide – English & Spanish <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents who Reported a Sexual Abuse - None present <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.352 (a)</p> <p>PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>OJJ has administrative procedures to address resident grievances regarding sexual abuse: YS Policy B.5.3 Administrative Remedy Procedure.</p> <p>115.352 (b)</p> <p>PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>Policy states 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. The provisions of subparagraphs (1) and (2) do not restrict the Agency's ability to defend against a lawsuit filed by a youth on the ground that the applicable statute of limitations has expired.</p> <p>Residents are given the Administrative Remedy Procedure (ARP): How to Complain About Your Problem Handout explaining the ARP process.</p> <p>115.352 (c)</p> <p>PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p>Policy states the Agency shall ensure that a youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.</p> <p>Residents are given the Administrative Remedy Procedure (ARP): How to Complain About Your Problem Handout explaining the ARP process.</p> <p>115.352 (d)</p> <p>PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.</p> <p>In the past 12 months:</p> <p>The number of grievances that were filed that alleged sexual abuse: Zero (0)</p> <p>The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: N/A</p> <p>The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: N/A</p>

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.

115.352 (e)

PAQ: The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: Zero (0)

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.

115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: Zero (0)

Policy states 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 (5) 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.

115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, 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: Zero (0)

Conclusion:

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

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.8.1 Telephone Usage by Youth and Monitoring of Calls 3. YS Policy C.1.4 Attorney Visits 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. OJJ PREA Manual, Third Edition 2020 6. Reporting Resources Poster 7. Resident PREA Poster – LaFASA Telephone Number 8. OJJ “Break the Silence, Make the Call” Flier 9. OJJ Youth Safety Guide – English & Spanish 10. Audio Monitoring Notice 11. OJJ Youth Confirmation of Receipt of PREA 12. MOU – Metropolitan Center for Women and Children (Victim Advocacy Services) 13. Metropolitan Center for Women and Children Contact Information <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse – None present <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.353 (a)</p> <p>PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:</p> <p>Giving residents (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. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.</p> <p>Policy states 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.</p> <p>Contact information for outside victim advocate services for emotional support related to sexual abuse includes:</p> <ol style="list-style-type: none"> 1. The Louisiana Foundation against Sexual Assault (LaFASA): 1-888-995-7273 or by direct dial phones: Press 1 for English, or 2 for Spanish and then press 1-555 and enter PIN#. 2. Metropolitan Center for Women and Children: 24-hour Crisis Line 1-888-411-1333 3. Sexual Trauma Awareness and Response (STAR): 24-hour Crisis Line 1-855-435-STAR <p>115.353 (b)</p> <p>PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>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.</p> <p>Residents interviewed knew contacting the sexual abuse hotline or other outside services would be a free call, they could make a call when needed and their conversation would be private. Even though the residents reported their correspondence would be private, most were knowledgeable about mandatory reporting rules if they were to share certain information that is required to be reported. The interviewer explained mandatory reporting laws to those who were unsure or not informed. The</p>

auditor observed direct dial phones in the housing units. The posted Audio Monitoring Notice informs residents calls may be monitored.

115.353 (c)

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

Policy states 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.

The auditor reviewed the MOU with the Metropolitan Center for Women and Children and contacted the organization by telephone to confirm they would provide residents with confidential emotional support services related to sexual abuse. The auditor observed the contact information posted on walls, in PREA pamphlets and in resident handbooks.

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

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.

The Facility Director and PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="229 297 1509 331">Documents:</p> <ol data-bbox="229 331 1509 434" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. OJJ PREA Manual, Third Edition 2020 3. Third-party Reporting at https://ojj.la.gov/reporting-a-prea-incident/ <p data-bbox="229 456 1509 490">§115.354</p> <p data-bbox="229 490 1509 524">PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p data-bbox="229 546 1509 649">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/.</p> <p data-bbox="229 672 1509 806">The website includes the following instructions, "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."</p> <p data-bbox="229 828 1509 862">Conclusion:</p> <p data-bbox="229 862 1509 943">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: BCCY Pre-Audit Questionnaire 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 OJJ PREA Manual, Third Edition 2020 OJJ Website - Investigative Services Hotline Number Mandatory Reporting of Abuse and Neglect of Youth OJJ Contact / Reporting Information Staff Acknowledgement of Duties of Mandatory Reporters Staff Confirmation of Receipt of PREA Education</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee 2. PREA Compliance Manager 3. Random Sample of Staff 4. Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.361 (a) PAQ: The agency requires all staff to report immediately and according to agency policy: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Any retaliation against residents or staff who reported such an incident. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Policy states 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.</p> <p>Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.361 (b) PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>Policy states all staff shall comply with mandatory child abuse reporting laws pursuant to YS Policy No. C.4.3, and Federal and State Law. Failure of staff to report sexual abuse and sexual harassment and/or comply with Mandatory Reporting provisions above shall result in disciplinary action.</p> <p>The auditor reviewed examples of the Staff Acknowledgement of Duties of Mandatory Reporters Form. All staff are mandatory reporters. Interviews with staff confirmed they are knowledgeable of mandatory child abuse reporting laws. Staff reported they would report to their supervisor and the IS Hotline.</p> <p>115.361 (c) PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>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</p>

sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

Staff interviewed were knowledgeable that OJJ policy prohibits them 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.

115.361 (d)

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.

Interviews with medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. Residents are required to sign a mandatory disclosure statement. They confirmed they are mandated to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. They reported they have not become aware of such incidents at BCCY.

115.361 (e)

Policy states 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.

The Facility Director stated he would report allegations of sexual abuse to the Central Office, Investigations, PREA Compliance Manager, Medical, and Social Services. If the victim is under the guardianship of the Louisiana Department of Children and Family Services (DCFS), he stated he would report the allegation to DCFS immediately. He confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted immediately or within 24 hours. The PREA Compliance Manager stated when the facility receives an allegation of sexual abuse, he reports the allegation to the Investigative team and the Facility Director is notified. If the victim is under the guardianship of the Louisiana Department of Children and Family Services, he stated the allegation would be reported to DCFS. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's court appointed attorney. He stated they would be notified within 24 to 48 hours.

115.361 (f)

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, PREA Compliance Manager and the Director of IS. If the sexual abuse or sexual harassment occurs in a secure facility, the Facility Director shall also notify the Regional Manager from the youth's region of origin. The Facility Director shall also notify the assigned Probation and Parole Officer, the alleged victim's parents, or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. Pursuant to YS Policy No. C.2.6 and facility SOPs, secure care facility staff shall initiate a UOR [refer to YS Policy No. C.2.6 (b)], and notify a facility IS Investigator, or if unavailable a Central Office supervisory investigator. Law enforcement is to be notified as appropriate and in accordance with local procedures.

The Facility Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly IS.

Conclusion:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.1.4 Investigative Services 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent or Designee 3. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.362 (a)</p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: Zero (0)</p> <p>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.</p> <p>The Deputy Secretary confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the youth from the threat, in order to protect him. This may include removing staff and transferring youth to different housing or facility assignment. 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 removing youth from the area, contact investigations, and dorm/facility change if necessary.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

115.363	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 807 465" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.1.4 Investigative Services 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 <p data-bbox="242 499 363 524">Interviews:</p> <ol data-bbox="242 530 552 591" style="list-style-type: none"> 1. Agency Head 2. Superintendent or Designee <p data-bbox="242 620 505 647">Findings (By Provision):</p> <p data-bbox="242 654 363 680">115.363 (a)</p> <p data-bbox="242 687 1493 815">PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p data-bbox="242 822 1458 882">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: Zero (0)</p> <p data-bbox="242 911 1485 1039">Policy states 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.</p> <p data-bbox="242 1068 363 1095">115.363 (b)</p> <p data-bbox="242 1102 1473 1162">PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1191 1485 1220">Policy states such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1249 363 1276">115.363 (c)</p> <p data-bbox="242 1283 1425 1312">PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="242 1341 759 1370">Policy states such notification shall be documented.</p> <p data-bbox="242 1400 363 1426">115.363 (d)</p> <p data-bbox="242 1433 1477 1525">PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="242 1532 1377 1561">In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: Zero (0)</p> <p data-bbox="242 1590 1493 1650">Policy states the Facility Director/ IS investigator who receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.</p> <p data-bbox="242 1680 1493 1771">The Deputy Secretary and the Facility Director 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.</p> <p data-bbox="242 1800 376 1827">Conclusion:</p> <p data-bbox="242 1834 1468 1895">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>

115.364

Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCCY Pre-Audit Questionnaire
2. YS Policy C.2.11 Prison Rape Elimination Act (PREA)
3. YS Policy C.4.6 Securing Physical Evidence/Crime Scene
4. OJJ PREA Manual, Third Edition 2020

Interviews:

1. Staff First Responders
2. Random Sample of Staff
3. Residents who Reported a Sexual Abuse - none present

Findings (By Provision):

115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse.

The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser.

The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

In the past 12 months, the number of allegations that a resident was sexually abused: Zero (0)

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: N/A

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: N/A

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

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

Staff First Responders 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 make sure the victim and abuser were separated and safe. They would request the victim and ensure the perpetrator did not destroy any physical evidence. They stated they would protect the crime scene. They reported the victim would be taken to the medical department for assessment.

115.364 (b)

PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

Request that the alleged victim not take any actions that could destroy physical evidence.

Notify security staff.

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: Zero (0)

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.

The First Responder interviewed confirmed they would request that the alleged victim not take any actions that could destroy physical evidence. Interviews revealed staff would not share sensitive information with other staff and residents. They were knowledgeable of their first responder duties.

Conclusion:

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 333">Documents:</p> <ol data-bbox="242 338 882 499" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 3. OJJ PREA Manual, Third Edition 2020 4. OJJ PREA Coordinated Response to Sexual Abuse Incidents 5. BCCY SART Team Sexual Abuse Protocol <p data-bbox="242 530 352 557">Interview:</p> <ol data-bbox="242 562 424 589" style="list-style-type: none"> 1. Superintendent <p data-bbox="242 620 347 647">Findings:</p> <p data-bbox="242 651 362 678">115.365 (a)</p> <p data-bbox="242 683 1461 748">PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="242 779 1461 873">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.</p> <p data-bbox="242 904 1489 999">The Facility Director confirmed he would coordinate with IS, Medical, Mental Health, leadership, and the Central Office. Staff carry PREA Pocket Cards and PREA Juvenile Standards Binders as a convenient reference of their duties if there were to be an allegation of sexual abuse.</p> <p data-bbox="242 1030 376 1057">Conclusion:</p> <p data-bbox="242 1061 1461 1126">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 3. OJJ PREA Manual, Third Edition 2020 4. Statement: BCCY does not have any collective bargaining agreements or any form of employee unions. <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head <p>Findings (By Provision):</p> <p>115.366 (a)</p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>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.</p> <p>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.</p> <p>115.366 (b)</p> <p>Policy states nothing shall restrict the entering into or renewal of agreements that govern:</p> <ol style="list-style-type: none"> 1. 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. 2. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. <p>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.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. IS 3.22 PREA Investigations Standard Overview 3. YS A.1.4 Investigative Services 4. YS B.2.2 Youth Classification System and Treatment Procedures 5. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 6. OJJ PREA Manual, Third Edition 2020 7. Investigative Services Protection Against Retaliation Form for Reporters of Sexual Abuse 8. Jefferson Parish Coroner Sexual Assault Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent or Designee 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse - none present <p>Findings (By Provision):</p> <p>115.367 (a)</p> <p>PAQ: The agency has 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.</p> <p>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.</p> <p>The interview with the BCCY Lead Investigator confirmed Investigative Services is charged with monitoring for retaliation.</p> <p>115.367 (b)</p> <p>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.</p> <p>The Deputy Secretary confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Alleged abusers are separated from the alleged victim. In most cases, if staff is the alleged perpetrator, they receive a "removal from contact" order and that staff is reassigned to a position that does not allow for contact with youth (Front Gate or investigative leave), until the investigation is completed. Housing changes or even facility changes may have to occur, depending on the situation. There are emotional support services available for both staff and youth who fear retaliation.</p> <p>115.367 (c)</p> <p>PAQ: The agency and/or facility 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.</p> <p>The length of time that the agency and/or facility monitors the conduct or treatment: 90 days</p> <p>The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: Zero (0)</p> <p>Policy states 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.</p> <p>Monitoring by IS shall include:</p> <ol style="list-style-type: none"> 1. Review of UORs; 2. Youth violation reports; 3. Housing or Program changes of relevant youth;

4. Negative performance reviews or reassignments of pertinent staff;
5. Periodic status checks of youth; and
6. 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.

The BCCY Lead Investigator explained the role he plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations. Investigative services, at the SART meeting would ensure that the youth involved in a youth-on-youth incident would be separated. If a staff is alleged to have been involved IS would request removal from contact with youth. If a staff or youth has reported sexual abuse, they are advised in the initial interview that they are to notify IS of any retaliation against them. Youth are also asked if they have been separated from the other youth involved. The youth are also asked if they have been referred to Mental Health. The Facility Director stated if retaliation is suspected the facility would remove a targeted youth, change his dorm/facility assignment as needed and notify IS and the PREA Compliance Manager.

The auditor reviewed Protection Against Retaliation Forms. The forms and interviews with the PREA Coordinator and PREA Compliance Manager revealed retaliation was not monitored for the 90 days as required by the standard.

This standard provision was addressed through corrective action. The agency developed a system to monitor retaliation according to the standard requirements.

115.367 (d)

Policy states monitoring by IS shall include the Investigator confirmed he would use the PREA Protection Against Retaliation form for periodic status checks of youth.

115.367 (e)

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.

The Deputy Secretary confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Alleged abusers are separated from the alleged victim. In most cases, if staff is the alleged perpetrator, they receive a "removal from contact" order and that staff is reassigned to a position that does not allow for contact with youth (Front Gate or investigative leave), until the investigation is completed. Housing changes or even facility changes may have to occur, depending on the situation. There are emotional support services available for both staff and youth who fear retaliation.

115.367 (f)

Policy states the Agency's obligation to monitor shall terminate if IS determines that the allegation is unfounded.

The auditor reviewed OJJ policy and confirmed the facility follows this standard provision.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. Corrective action is complete.

115.367 (c) - Corrective Action

Retaliation was not monitored for the 90 days as required by the standard. This standard provision was addressed through corrective action. The agency developed a system to monitor retaliation according to the standard requirements. Staff at BCCY have a spreadsheet to assist in tracking PREA cases and their completion dates. To assist in the monitoring of retaliation, the spreadsheet now includes a column to include deadline notices to the investigators when the monitoring notifications are due. Using the date of completion for each PREA case, the new column will reflect a date 90 days from the completion date. Investigators will receive weekly reminders during the 90 day timeframe that a monitoring notification is due. Once the monitoring notifications are completed, they will be placed in the case files. The spreadsheet will then reflect the actual date the notification was completed.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 3. OJJ PREA Manual, Third Edition 2020 4. Statement: BCCY does not have segregated housing units. <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent <p>Findings (By Provision):</p> <p>§115.368</p> <p>Policy states any use of segregated housing to protect a youth who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>BCCY does not have or use segregated housing but is fully prepared to follow the requirements of §115.342 if the need were to arise.</p> <p>The Facility Director confirmed the facility does not use segregated housing in this manner.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 331">Documents:</p> <ol data-bbox="240 338 1058 600" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.1.4 Investigative Services 3. YS Policy C.1.3 Crimes Committed on the Grounds of Youth Services Facilities 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. OJJ PREA Manual, Third Edition 2020 6. BCCY Investigative Services Formal Reports 7. NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting 8. 2020 Training Rosters <p data-bbox="240 629 363 656">Interviews:</p> <ol data-bbox="240 663 837 824" style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. PREA Compliance Manager 4. Investigative Staff 5. Residents who Reported a Sexual Abuse – none present <p data-bbox="240 853 504 880">Findings (By Provision):</p> <p data-bbox="240 887 360 913">115.371 (a)</p> <p data-bbox="240 920 1465 983">PAQ: The agency/facility has a policy related to criminal and administrative agency investigations. The PAQ indicates DYS uses the term internal inquiry in policy instead of investigation.</p> <p data-bbox="240 1012 1465 1075">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.</p> <p data-bbox="240 1104 1477 1196">The BCCY Lead Investigator confirmed allegations of sexual abuse and sexual harassment are initiated Upon notification of the incident an investigation is initiated. Anonymous or third-party reports of sexual abuse and sexual harassment are conducted in the same manner as all investigations.</p> <p data-bbox="240 1225 1374 1252">The auditor reviewed investigative reports for seventeen (17) allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1281 363 1308">115.371 (b)</p> <p data-bbox="240 1314 1477 1478">Policy states investigators shall have received training in conducting sex abuse investigations in confinement settings. 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.and responsibilities, which include the right to be free from abuse and neglect.</p> <p data-bbox="240 1507 1465 1570">The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the five facility investigators.</p> <p data-bbox="240 1599 1469 1861">Training is accomplished through online training presented by the National Institute of Corrections. An interview with the BCCY Lead Investigator confirmed he has received the required training. He stated investigators undergo annual in-service training which includes conducting specific sexual abuse and harassment investigations and interviewing techniques specifically related to Sexual abuse. Specialized topics 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 or prosecution referral. Investigators also are updated by the Jefferson Parish District Attorney’s Office, as to any updates on specific laws or new information for a successful prosecution. The auditor reviewed training records for verification.</p> <p data-bbox="240 1890 363 1917">115.371 (c)</p> <p data-bbox="240 1924 1477 2016">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.</p> <p data-bbox="240 2045 1493 2136">The BCCY Lead Investigator confirmed the first steps in initiating an investigation are making sure that if there is a scene that all evidence is protected and properly identified and secured. The timeline is consistent with the notification of the incident. After determining if there is a scene, they make sure that the youth involved have been evaluated. If necessary or depending</p>

on the type of abuse, the youth victim would be sent to Children's Hospital for an examination by a SANE nurse, to collect any type of DNA evidence from the victim. A video review of the alleged incident would take place. Phone calls from the particular dorm are checked for any corroborating evidence. Interviews of all parties present at the time of the alleged incident are conducted. This is to include youth and staff. The investigator assigned to the case collects and secures evidence to include clothing, DNA, or hair samples, to name a few. Part of the process is to check the history of all youth involved.

The auditor reviewed investigative reports for seventeen (17) allegations of sexual abuse and sexual harassment.

115.371 (d)

PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Policy states the Agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The BCCY Lead Investigator confirmed an investigation would not be terminated solely because the source of the allegation recants the allegation.

115.371 (e)

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.

The BCCY Lead Investigator confirmed investigators consult with prosecutors before conducting compelled interviews.

115.371 (f)

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 youth or staff. A youth who alleges sexual abuse shall not be compelled to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The BCCY Lead Investigator confirmed investigators assume that the potential witness or victim is providing truthful information until evidence proves otherwise. Under no circumstances would an investigator require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g)

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.

When investigating administrative investigation all aspects of the investigation include the staff actions. All information specific to the actions of the staff that may have been a violation of policy are documented in written reports.

115.371 (h)

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.

The BCCY Lead Investigator confirmed investigations are documented. The reports are detailed and include all aspects of the investigation.

115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: Zero (0)

Policy states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The BCCY Lead Investigator confirmed substantiated allegations of conduct that appears to be criminal are refer cases for prosecution when enough evidence presents probable cause to do so.

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy states the Agency shall retain all written reports referenced in subparagraphs 7 and 8 of this section for as long as the alleged abuser is incarcerated or employed by the Agency, plus five (5) years, unless the abuse was committed by a youth and applicable law requires a shorter period of retention.

The auditor reviewed investigative reports for seventeen (17) allegations of sexual abuse and sexual harassment.

115.371 (k)

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.

The BCCY Lead Investigator confirmed investigators continue to conduct investigations to the best of their ability when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

115.371 (m)

Policy states when local law enforcement investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The BCCY Lead Investigator, Facility Director, PREA Coordinator, and PREA Compliance Manager confirmed BCCY would cooperate with outside investigators and would remain informed about the progress of the investigation.

Conclusion:

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.1.4 Investigative Services 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>Findings (By Provision):</p> <p>115.372 (a)</p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy states 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.</p> <p>The BCCY Lead Investigator confirmed at a minimum a preponderance of evidence and at the criminal level probable cause are required to substantiate allegations of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.1.4 Investigative Services 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 5. IS Provision of Information to Youth / Sexual Abuse 6. Investigative Outcome Notification (Youth) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. Investigative Staff 3. Residents who Reported a Sexual Abuse – none present <p>Findings (By Provision):</p> <p>115.373 (a)</p> <p>PAQ: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>In the past 12 months:</p> <p>The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: Sixteen (16)</p> <p>Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: Sixteen (16)</p> <p>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 or designee shall ensure that the youth receives a copy of the "Youth Letter" and that a copy of the letter with the youth's signature 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.</p> <p>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. The BCCY Lead Investigator confirmed 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.</p> <p>The auditor reviewed sixteen (16) notifications to youth. Youth are notified of the outcome of both sexual abuse and sexual harassment allegations.</p> <p>115.373 (b)</p> <p>PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p>In the past 12 months:</p> <p>The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: Zero (0)</p> <p>Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A</p> <p>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.</p> <p>115.373 (c)</p> <p>PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:</p> <ul style="list-style-type: none"> The staff member is no longer posted within the resident's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

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:

1. The staff member is no longer posted within the youth's unit;
2. The staff member is no longer employed at the facility;
3. The Agency learns that the staff member has been indicted on a charge related to sexual
4. The Agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs 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.

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:

1. The Agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The Agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

The number of notifications to residents that were made pursuant to this standard: Sixteen (16)

The number of those notifications that were documented: Sixteen (16)

Policy states all such notifications or attempted notifications shall be documented.

The auditor reviewed sixteen (16) notifications to youth. Youth are notified of the outcome of both sexual abuse and sexual harassment allegations.

Conclusion:

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

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 807 566" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. A.2.1 Employee Manual 3. YS Policy A.1.4 Investigative Services 4. YS Policy A.2.62 Staff/Youth Relationships 5. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 6. OJJ PREA Manual, Third Edition 2020 7. Employee Receipt of Rules of Conduct <p data-bbox="242 598 501 624">Findings (by provision):</p> <p data-bbox="242 629 360 656">115.376 (a)</p> <p data-bbox="242 663 1445 723">PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 754 1481 815">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.</p> <p data-bbox="242 846 360 873">115.376 (b)</p> <p data-bbox="242 880 467 907">In the past 12 months:</p> <p data-bbox="242 913 1394 940">The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: Zero (0)</p> <p data-bbox="242 947 1457 1008">The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0).</p> <p data-bbox="242 1039 1382 1066">Policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p data-bbox="242 1097 360 1124">115.376 (c)</p> <p data-bbox="242 1131 1449 1223">PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.</p> <p data-bbox="242 1229 1449 1290">In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: Zero (0)</p> <p data-bbox="242 1321 1495 1413">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.</p> <p data-bbox="242 1444 360 1471">115.376 (d)</p> <p data-bbox="242 1478 1495 1570">PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1576 1458 1668">In the past 12 months, 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: Zero (0)</p> <p data-bbox="242 1700 1453 1792">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.</p> <p data-bbox="242 1823 373 1850">Conclusion:</p> <p data-bbox="242 1856 1466 1917">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 807 465" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.1.4 Investigative Services 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 <p data-bbox="242 499 352 524">Interview:</p> <ol data-bbox="242 530 424 560" style="list-style-type: none"> 1. Superintendent <p data-bbox="242 589 501 616">Findings (by provision):</p> <p data-bbox="242 622 360 649">115.377 (a)</p> <p data-bbox="242 656 1473 815">PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p data-bbox="242 846 1457 940">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.</p> <p data-bbox="242 972 360 999">115.377 (b)</p> <p data-bbox="242 1005 1485 1066">PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 1097 1481 1158">Policy states 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.</p> <p data-bbox="242 1189 1469 1283">The Facility Director confirmed in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer the facility takes remedial measures and prohibits further contact with residents. Due process would be followed with thorough investigation and the contractor or volunteer may be removed or dismissed.</p> <p data-bbox="242 1319 376 1346">Conclusion:</p> <p data-bbox="242 1352 1465 1413">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.5.1 Youth Code of Conduct - Secure Care 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 5. Protocol for Sexual Offences <p>Interviews:</p> <p>Superintendent or Designee Medical Staff Mental Health Staff</p> <p>Findings (by provision):</p> <p>115.378 (a)</p> <p>PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.</p> <p>Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>In the past 12 months:</p> <p>The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: Zero (0)</p> <p>The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: Zero (0)</p> <p>Policy states 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.</p> <p>115.378 (b)</p> <p>PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p>In the past 12 months:</p> <p>The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: Zero (0)</p> <p>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: N/A</p> <p>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: N/A</p> <p>Policy states any 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.</p> <p>The Agency does not use isolation as a disciplinary sanction.</p> <p>115.378 (c)</p> <p>Policy states the disciplinary process shall consider whether a youth's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>The Facility Director stated mental disability or mental illness is considered when determining sanctions.</p> <p>115.378 (d)</p> <p>PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.</p>

Policy states 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.

The mental health staff confirmed the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse to an offending resident. A resident's participation is not a condition of access to any rewards-based behavior management system or programming or education.

115.378 (e)

PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

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.

115.378 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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.

115.378 (g)

PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.2.3 Secure Care Intake 3. YS Policy B.2.3 Secure Care Mental Health Screening, Appraisal, and Evaluation 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. OJJ PREA Manual, Third Edition 2020 6. Wellpath Policy: Mental Health Appraisal 7. OJJ Intake Screening and Housing Assignment Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Medical Staff 3. Mental Health Staff 4. Residents who Disclose Sexual Victimization at Risk Screening – none identified <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.381 (a)</p> <p>PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%</p> <p>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.</p> <p>The intake staff responsible for risk screening confirmed if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.</p> <p>115.381 (b)</p> <p>PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%</p> <p>Policy states if the screening 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.</p> <p>The intake staff responsible for risk screening confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.</p> <p>115.381 (c)</p> <p>PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p> <p>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.</p>

Interviews with medical and mental health staff confirmed the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments. The auditor observed that information is securely retained.

115.381 (d)

PAQ: 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.

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.

Interviews with medical and mental health staff confirmed they obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. They confirmed informed consent from residents is required for residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.6.4 Accident and Injury Evaluations 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 5. ACT No. 229 - Louisiana Law 6. Wellpath Emergency Forms 7. Louisiana Foundation Against Sexual Assault (LaFASA) Sexual Assault Center Accreditation: http://lafasa.org/main/accreditation 8. MOU with Metropolitan Center for Women and Children: http://www.mccagno.org/ - LaFASA accredited sexual assault center with victim advocacy 9. Audrey Hepburn Children at Risk Evaluation (CARE) Center Website: http://www.chnola.org/CAREcenter 10. University Medical Center New Orleans: www.umcno.org/Forensic 11. Jefferson Parish Coroner's Website: http://jpcoroner.com/sexual-assault 12. Jefferson Parish Coroner Sexual Assault Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health Staff 3. Residents who Reported a Sexual Abuse – none-present 4. Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.382 (a)</p> <p>PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>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.</p> <p>The Jefferson Parish Coroner's Office specifies Children's CARE Center and the University Medical Center New Orleans as the locations for emergency medical treatment. The facility also has a MOU with Metropolitan Center for Women and Children for crisis intervention services.</p> <p>The Medical and Mental Health Staff stated the nature and scope of these services would be determined according to their professional judgment.</p> <p>115.382 (b)</p> <p>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 to Section VIII above and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Staff first responders indicated they would notify the appropriate medical and mental health practitioners.</p> <p>115.381 (c)</p> <p>PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p>

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.

Medical and mental health staff confirmed the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments. The auditor observed the information is securely retained.

115.382 (d)

PAQ: Treatment services are 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.

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy B.6.4 Accident and Injury Evaluations 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 5. ACT No. 229 - Louisiana Law 6. Wellpath Emergency Forms 7. Louisiana Foundation Against Sexual Assault (LaFASA) Sexual Assault Center Accreditation: http://lafasa.org/main/accreditation 8. MOU with Metropolitan Center for Women and Children: http://www.mccagno.org/ - LaFASA accredited sexual assault center with victim advocacy 9. Audrey Hepburn Children at Risk Evaluation (CARE) Center Website: http://www.chnola.org/CAREcenter 10. University Medical Center New Orleans: www.umcno.org/Forensic 11. Jefferson Parish Coroner's Website: http://jpcoroner.com/sexual-assault 12. Jefferson Parish Coroner Sexual Assault Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health Staff 3. Residents who Reported a Sexual Abuse – none-present <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.383 (a)</p> <p>PAQ: The facility offers 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.</p> <p>Policy states the facility shall offer medical and mental health evaluation 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).</p> <p>The auditor observed medical facilities during the site review and the mental health staff reported that behavioral health care would be offered at the facility. Additionally, services are available at the Audrey Hepburn Children at Risk Evaluation (CARE) Center or University Medical Center New Orleans.</p> <p>115.383 (b)</p> <p>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.</p> <p>The medical and mental health staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed.</p> <p>115.383 (c)</p> <p>Policy states the facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>The medical and mental health providers stated medical and mental health services are consistent with the community level of care.</p> <p>115.383 (d)</p> <p>BCCY is an all-male facility.</p> <p>115.383 (e)</p> <p>BCCY is an all-male facility.</p> <p>115.383 (f)</p> <p>PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically</p>

appropriate.

Policy states youth victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Audrey Hepburn Children at Risk Evaluation (CARE) Center and University Medical Center New Orleans medical personnel provide information and treatment for Sexually Transmitted Infections and possible pregnancy. The nurse confirmed victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

115.383 (g)

PAQ: Treatment services are 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.

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 No. 229 provides that any medical treatment services provided to a resident will be at no cost to him or his family.

115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 329">Documents:</p> <ol data-bbox="240 338 1034 499" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.1.4 Investigative Services 3. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 4. OJJ PREA Manual, Third Edition 2020 5. Sexual Assault Response Team (SART) Meeting Minutes - Incident Reviews <p data-bbox="240 530 363 553">Interviews:</p> <ol data-bbox="240 562 552 656" style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Incident Review Team <p data-bbox="240 687 528 710">Site Review Observations:</p> <p data-bbox="240 719 762 745">Observations during on-site review of physical plant</p> <p data-bbox="240 777 501 804">Findings (by provision):</p> <p data-bbox="240 813 360 840">115.386 (a)</p> <p data-bbox="240 848 1477 907">PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.</p> <p data-bbox="240 916 1469 974">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: Two (2)</p> <p data-bbox="240 983 1094 1010">The PAQ included unfounded incidents of both sexual abuse and sexual harassment.</p> <p data-bbox="240 1041 1469 1131">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.</p> <p data-bbox="240 1162 360 1189">115.386 (b)</p> <p data-bbox="240 1198 1417 1256">PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p data-bbox="240 1265 1469 1355">In the past 12 months, 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: Four (4) This number includes two (2) sexual harassment allegations.</p> <p data-bbox="240 1386 1134 1413">Policy states such review shall occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 1444 911 1471">The auditor reviewed sexual abuse incident reviews for verification.</p> <p data-bbox="240 1503 360 1529">115.386 (c)</p> <p data-bbox="240 1538 1414 1597">PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1628 1430 1686">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.</p> <p data-bbox="240 1718 1485 1807">The Facility Director confirmed the facility 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. He stated the corrections are made as needed.</p> <p data-bbox="240 1839 360 1865">115.386 (d)</p> <p data-bbox="240 1874 1477 1964">PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Compliance Manager.</p> <p data-bbox="240 1995 595 2022">Policy states the review team shall:</p> <ol data-bbox="240 2031 1485 2159" style="list-style-type: none"> 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTIQ identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. IS shall prepare the Sexual Abuse Critical Incident Review Form, including but not necessarily limited to determinations made pursuant to subparagraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement. IS shall complete Sections A and B of the Incident Review Form and submit the completed form to the Facility Director, PREA Compliance Manager, and PREA Coordinator within 24 hours of the incident review

The PREA Compliance Manger reported he is a part of the sexual abuse incident review team. The Facility Director confirmed the 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 is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

Policy states the Facility Director and PREA Compliance Manager shall review the recommendations in the Sexual Abuse Critical Incident Review Form within 10 days of the incident review. The facility shall implement any recommendations for improvement or shall document its reasons for not doing so in Section C of the Sexual Abuse Critical Incident Review Form.

After reviewing the recommendations and making the appropriate notations in Section C, the Facility Director or designee and PREA Compliance Manager must sign the form and the PREA Compliance Manager must then forward the completed form to the PREA Coordinator and maintain a copy at the facility.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 1037 566" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 3. OJJ PREA Manual, Third Edition 2020 4. Investigative Files 5. Sexual Assault Response Team (SART) Meeting Minutes - Incident Reviews 6. Survey of Sexual Victimization Substantiated Incident Form (Juvenile) 7. Survey of Sexual Victimization, 2019 State Juvenile Systems Summary Form <p data-bbox="242 598 528 622">Site Review Observations:</p> <p data-bbox="242 629 761 658">Observations during on-site review of physical plant</p> <p data-bbox="242 689 501 719">Findings (by provision):</p> <p data-bbox="242 725 360 750">115.387 (a)</p> <p data-bbox="242 757 1436 882">PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p data-bbox="242 913 1473 972">Policy states 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.</p> <p data-bbox="242 1003 360 1028">115.387 (b)</p> <p data-bbox="242 1034 1094 1064">PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 1095 1203 1124">Policy states the Agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 1155 850 1184">The auditor reviewed the aggregated data from 2015 – 2020.</p> <p data-bbox="242 1216 360 1240">115.387 (c)</p> <p data-bbox="242 1247 1481 1305">PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="242 1337 1485 1395">Policy states the incident-based data collected shall include the data necessary to answer all questions from the most recent version of the “Survey of Sexual Violence” conducted by the U.S. DOJ.</p> <p data-bbox="242 1426 1345 1456">The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p data-bbox="242 1487 360 1512">115.387 (d)</p> <p data-bbox="242 1518 1453 1576">PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 1608 1445 1666">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.</p> <p data-bbox="242 1697 1133 1727">The auditor reviewed investigation files and sexual abuse incident reviews for verification.</p> <p data-bbox="242 1758 360 1783">115.387 (e)</p> <p data-bbox="242 1789 1420 1848">PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.</p> <p data-bbox="242 1879 1461 1937">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.</p> <p data-bbox="242 1968 360 1993">115.387 (f)</p> <p data-bbox="242 2000 1409 2029">PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p data-bbox="242 2060 1445 2119">Policy states upon request, all such data from the previous calendar year shall be provided to the U.S. DOJ no later than June 30th.</p>

The auditor reviewed the Survey of Sexual Victimization, 2019 State Juvenile Systems Summary Form for verification.

Conclusion:

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

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 3. OJJ PREA Manual, Third Edition 2020 4. Annual Reports (2015 – 2020) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. PREA Compliance Manager <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.388 (a)</p> <p>PAQ: The agency reviews 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, and training, including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p>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.</p> <p>Annual reports are published on the agency’s website at: https://ojj.la.gov/policies-systems/federal-laws/prea/ojj-prea-resources/reports/. Reports are published for 2015 through 2020. The reports are inclusive of annual data comparisons corrective actions. The Louisiana Office of Juvenile Justice Deputy Secretary, PREA Coordinator, and PREA Compliance Manager confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The Sexual abuse data is examined regularly to identify possible problem areas within the facilities or within the agency as a whole. An annual PREA report is generated, which reports incidents at both residential and secure facilities and compares them to previous years. The Deputy Secretary stated the reports highlight deficiencies found, trends that occur, etc. This reports are published through OJJ’s website. The PREA Compliance Manager stated the facility data is included in the annual reports. The auditor reviewed the published annual reports and found them to be inclusive of the requirements of the standard provision.</p> <p>115.388 (b)</p> <p>PAQ: The annual report includes a comparison of the current year’s data and corrective actions with those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse.</p> <p>Policy states such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the Agency’s progress in addressing sexual abuse.</p> <p>The auditor reviewed the annual reports and determined they are inclusive of the standard provision. Tables and charts easily show the reader a comparison of the current year’s data and corrective actions to those from prior years.</p> <p>115.388 (c)</p> <p>PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.</p> <p>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/.</p> <p>The auditor observed the published annual reports at: https://ojj.la.gov/policies-systems/federal-laws/prea/ojj-prea-resources/reports/</p>

The reports were approved by the Louisiana Office of Juvenile Justice Deputy Secretary. This was corroborated by interviewing the Deputy Secretary and reviewing correspondence.

115.388 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

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.

The auditor reviewed the annual reports and observed no identifying information. The reports indicate the nature of material redacted.

Conclusion:

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

115.389	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 1034 600" style="list-style-type: none"> 1. BCCY Pre-Audit Questionnaire 2. YS Policy A.1.9 Records Management and Retention 3. YS Policy B.3.2 Access to and release of Active and Inactive Youth Records 4. YS Policy C.2.11 Prison Rape Elimination Act (PREA) 5. OJJ PREA Manual, Third Edition 2020 6. Annual Reports (2015 – 2020) 7. Website: https://ojj.la.gov/policies-systems/federal-laws/prea/ojj-prea-resourcesreports/ <p data-bbox="242 629 528 656">Site Review Observations:</p> <p data-bbox="242 663 761 692">Observations during on-site review of physical plant</p> <p data-bbox="242 721 501 750">Findings (by provision):</p> <p data-bbox="242 757 360 784">115.389 (a)</p> <p data-bbox="242 790 1129 817">PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="242 846 1029 873">Policy states the Agency shall ensure that data collected are securely retained.</p> <p data-bbox="242 902 1458 996">The 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. The agency ensures that data collected is securely retained.</p> <p data-bbox="242 1025 360 1052">115.389 (b)</p> <p data-bbox="242 1059 1458 1122">PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p data-bbox="242 1151 1481 1245">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.</p> <p data-bbox="242 1274 1331 1301">Reports are published for 2015 through 2020. The auditor reviewed published reports on the agency website.</p> <p data-bbox="242 1330 360 1357">115.389 (c)</p> <p data-bbox="242 1364 1382 1391">PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p data-bbox="242 1420 1481 1514">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.</p> <p data-bbox="242 1543 1410 1570">The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p data-bbox="242 1599 360 1626">115.389 (d)</p> <p data-bbox="242 1632 1474 1695">PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 1724 1481 1787">Policy states the Agency shall maintain sexual abuse data collected pursuant to Section XIII.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.</p> <p data-bbox="242 1816 991 1843">The auditor reviewed historical sexual abuse data from 2015 through 2020.</p> <p data-bbox="242 1872 376 1899">Conclusion:</p> <p data-bbox="242 1906 1466 1971">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 679 499"> BCCY Pre-Audit Questionnaire (PAQ) Interviews Research Policy Review Document Review Observations during onsite review of facility </p> <p data-bbox="240 533 1481 656"> Findings: During the three-year period starting on August 20, 2013, and the current audit cycle, the Louisiana Office of Juvenile Justice ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited. </p> <p data-bbox="240 689 1489 880"> The auditor was given access to, and the ability to observe, all areas of the Bridge City Center for Youth. 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. </p> <p data-bbox="240 913 376 940">Conclusion:</p> <p data-bbox="240 949 1437 1008"> 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. </p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination: BCCY Pre-Audit Questionnaire (PAQ) Policy Review Documentation Review Interviews Observations during onsite review of facility</p> <p>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-resources/reports/.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.312 (a)	Contracting with other entities for the confinement of residents	
	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
115.312 (b)	Contracting with other entities for the confinement of residents	
	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

115.313 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	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
	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
	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
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	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
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	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
115.318 (a)	Upgrades to facilities and technologies	
	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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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
115.321 (a)	Evidence protocol and forensic medical examinations	
	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

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	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 is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	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.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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))	na
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	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
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	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
115.334 (a)	Specialized training: Investigations	
	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

115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	Specialized training: Investigations	
	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
115.335 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	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
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	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
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	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
	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
	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
	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
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	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
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	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?)	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?)	na
115.342 (i)	Placement of residents	
	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

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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.	no
115.352 (b)	Exhaustion of administrative remedies	
	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
	Does the agency always refrain from requiring an 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

115.352 (c)	Exhaustion of administrative remedies	
	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
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.352 (e)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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

115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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
	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
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	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
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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

115.361 (e)	Staff and agency reporting duties	
	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
	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
	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
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	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

115.367 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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
115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371 (f)	Criminal and administrative agency investigations	
	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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	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
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	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
115.373 (c)	Reporting to residents	
	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
	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
	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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
	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
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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
115.378 (a)	Interventions and disciplinary sanctions for residents	
	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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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
	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for residents	
	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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	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
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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
115.387 (f)	Data collection	
	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
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	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
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes