

PREA Facility Audit Report: Final

Name of Facility: Johnny Robinson's Boys Home

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/30/2021

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: 08/30/2021

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	06/30/2021
End Date of On-Site Audit:	07/01/2021

FACILITY INFORMATION	
Facility name:	Johnny Robinson's Boys Home
Facility physical address:	3209 South Grand Street, Monroe, Louisiana - 71202
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Robert Thompson, Jr.
Email Address:	bobthom007@bellsouth.net
Telephone Number:	318-376-0151

Superintendent/Director/Administrator	
Name:	Matthew J. Robinson
Email Address:	matttsr@aol.com
Telephone Number:	318-388-1104

Facility PREA Compliance Manager	
Name:	Cindy Thompson
Email Address:	clcthom@bellsouth.net
Telephone Number:	O: (318) 376-0362

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	18
Average daily population for the past 12 months:	21
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:	12-18 yrs.
Facility security levels/resident custody levels:	non-secure juvenile residential facility
Number of staff currently employed at the facility who may have contact with residents:	24
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

AGENCY INFORMATION	
Name of agency:	Johnny Robinson's Boys Home, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	3209 South Grand Street, Monroe, Louisiana - 71202
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Bob Thompson	Email Address:	bobthom007@bellsouth.net

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 the Johnny Robinson's Boys Home (JRBH) was conducted June 30, 2021 through July 1, 2021. JRBH is a single entity facility located at 3209 South Grand Street, Monroe, Louisiana 71202. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Dual Certified PREA auditor. The auditor conducted the audit as a single auditor with no additional support staff. The facility contacted the auditor regarding the audit and a contract was agreed upon and signed November 18, 2020. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited June 4-5, 2018 with 100% compliance with the PREA Juvenile Standards.

Mission

The mission and management philosophy of Johnny Robinson's Boys Home is to provide a versatile community-based alternative to traditional juvenile placement for those residents who reside in the state of Louisiana and are referred to the program by agencies with whom the facility has entered contractual agreements. The program's philosophy is that education and role modeling instigate positive and sustainable changes in attitude and behavior. It is JRBH's conviction that a resident should have an opportunity to function in a non-secure, behavior-modification setting which allows him to remain in the community, by using traditional community services that would normally be available to him, such as public schools.

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 April 7, 2021. The audit notice was posted on brightly colored blue paper using a large font and easy-to-read language. 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 April 7, 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.

Request for Identification of Residents, Staff and Documents

Johnny Robinson's Boys Home provided the following information for interview selections and document sampling:

1. Complete Resident Roster
2. Targeted Resident Populations
3. Residents with a physical or cognitive disability
4. Residents who are LEP
5. Transgender and intersex residents
6. Lesbian, gay, and bisexual residents
7. Residents placed in segregated housing for their own protection from sexual victimization
8. Residents in isolation
9. Residents who reported sexual abuse that occurred in the facility
10. Residents who reported prior sexual victimization during risk screening
11. Complete Staff Roster
12. Specialized Staff
13. Contractors who have contact with the residents
14. Volunteers who have contact with the residents
15. Grievances made in the 12 months preceding the audit
16. Incident Reports in the 12 months preceding the audit
17. All allegations of sexual abuse and sexual harassment reported in the 12 months preceding the audit
18. Sexual abuse and sexual harassment incident reports and internal investigative files for the 12 months preceding the audit
19. Listing of residents the facility has determined to be at heightened risk of sexual victimization
20. Listing of all residents the facility has determined to be at heightened risk of sexual abusiveness

External Contacts

The following external contacts were made:

1. Just Detention International
2. The Wellspring Alliance for Families
3. St. Francis Medical Center
4. Ouachita Parish Coroner's Office
5. The Monroe Police Department
6. The Louisiana OJJ Office Investigations
7. The Department of Children and Family Services

Agency Website Review

Johnny Robinson's Boys Home does not have a website.

Research

No relevant information was discovered.

Louisiana 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 the Facility Administrator, PREA Coordinator, and auditor. Introductions were made, the agenda for the two days was discussed, and the auditor conducted the site review, followed by staff and resident interviews and a review of documents.

Site Review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. There are two (2) housing units, the "Big House" and the Little House". The "Big House" has administrative offices downstairs, a LCSW office, staff bathroom, file room, and a conference room. Confidential attorney visits and special family visits are held in the conference room. Upstairs there are a total of 14 beds in four (4) bedrooms. Three (3) of the bedrooms have four (4) beds and the remaining bedroom has two (2) beds. The "Little House" has 16 beds in seven (7) bedrooms. One bedroom has two (2) beds while the other six (6) bedrooms have (two) beds each. Both housing units have a dayroom, showers and bathrooms and there are no segregation or isolation units.

In addition to the housing units, the facility has a dining hall and kitchen, gymnasium, outside basketball court, and a large green space for outdoor sports. The dining hall also functions as a visitation and staff training area. A chain-link fence surrounds the facility. Johnny Robinson's Boys Home has a video monitoring system. The system is not actively monitored but is considered a deterrent to sexual acts and other safety violations. It is primarily utilized in post-incident investigations. The system has nineteen (19) cameras located both inside and outside to improve coverage in certain areas to the greatest degree possible. Bathrooms, bedrooms, and showers are not within camera view.

Processes and Areas Observed

No residents were admitted during the onsite phase of the audit. The auditor observed intake and risk screening to better understand the process. A locked grievance box is located in the main foyer of the "Big House". The box is checked daily by the Facility Administrator, PREA Coordinator, or direct care worker supervisor. A third-party form is available for individuals who wish to file a grievance on behalf of a resident.

Phones for reporting sexual abuse, sexual harassment or for contacting external crisis intervention services are available by asking staff. 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 both housing units.

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 conference 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. Specialized staff interviews were conducted remotely to reduce SARS-CoV-2 exposure. Twelve staff, randomly selected from every shift, were interviewed using the random staff interview protocol. The resident population was 24 on the first day of the audit. The auditor interviewed 10 residents. Nine were randomly selected from both housing units. One resident interviewed was identified as disclosing prior sexual victimization during risk screening And identified as bisexual.

1. Agency head or designee
2. Superintendent or designee
3. PREA coordinator
4. Randomly selected staff
5. Intermediate or higher level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
6. Medical and mental health staff
7. Non-medical staff involved in cross-gender strip or visual searches
8. Administrative (human resources) staff
9. Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
10. Volunteers and contractors who have contact with residents
11. Investigative staff - OJJ
12. Staff who perform screening for risk of victimization and abusiveness
13. Staff who supervise residents in segregated housing
14. Staff on the sexual abuse incident review team
15. Designated staff member charged with monitoring retaliation
16. First responders, both security and non-security staff
17. Intake staff
18. Randomly selected residents
19. Bisexual Resident
20. Resident who reported prior sexual victimization during risk screening

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 facility has 27 full and part-time staff. The auditor reviewed all personnel records and training files.

Resident Files. On the first day of the onsite phase of the audit, the resident population was 19. Ten resident records were reviewed by the auditor.

Medical and Mental Health Records. During the past year, there were 0 residents that reported sexual abuse; there was 1 resident that reported prior sexual victimization. The auditor reviewed the resident's records.

Grievances. In the past year, the facility identified 0 grievances for allegations of sexual abuse or sexual harassment.

Incident Reports. The facility reported there were 0 incident reports for the 12 months prior to the audit for allegations of sexual abuse or sexual harassment.

Investigation Files. During the past 12 months, there were 0 total allegations of PREA related misconduct at the facility broken down as follows:

Administrative Investigations

- 0 Substantiated (0 sexual abuse allegations and 0 sexual harassment allegations)
- 0 Unfounded (0 sexual abuse allegations and 0 sexual harassment allegations)
- 0 Unsubstantiated (0 sexual abuse allegations and 0 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

Hotline (0)

Grievances (0)

Reports to Staff (0)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (0)

Sexual Abuse – Staff on Resident

Hotline (0)
Grievances (0)
Reports to Staff (0)
Anonymous, 3rd Party (0)
Reports by Staff (0)
Total Allegations (0)

Sexual Harassment – Resident on Resident

Hotline (0)
Grievances (0)
Reports to Staff (0)
Anonymous, 3rd Party (0)
Reports by Staff (0)
Total Allegations (0)

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 the PREA Coordinator. The auditor discussed the onsite audit. In addition to documentation collected onsite, the auditor did have some additional requests for documentation. The PREA Coordinator provided documentation requested in a timely manner.

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: Johnny Robinson's Boys Home

Other Significant Relationship: Louisiana Department of Family Services Bureau of Licensing

Facility Name: Johnny Robinson's Boys Home

Facility Address: 3209 South Grand Street, Monroe, Louisiana 71202

Age of Facility: Established in 1980

Total Facility Rated Capacity: 30

Resident Population Size and Makeup

Average daily population in the last 12 months: 21

Actual population on day 1 of the onsite portion of the audit : 19

Population Gender: Male

Population Ethnicity: Multiethnic

Age range of population: 12-18

Average length of stay or time under supervision: 6-9 months

Staff Size and Makeup

Number of staff currently employed at the facility who may have contact with residents: 24

Number of Security Staff: 0

Types of Supervision Practiced: Direct Supervision

Number of Volunteers who may have contact with residents: 3

Number of Contractors who may have contact with residents: 0

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: 2

Number of segregation or isolation cells or rooms: 2

Number of multiple occupancy rooms: 0

Number of closed units: 0

Facility Operations

Physical Plant Description

Johnny Robinson's Boys Home is located in Monroe Louisiana at 3209 South Grand Street. It is a private non-profit organization established in 1980. It was founded by former LSU football great and Kansas City Chiefs Hall of Famer, Johnny Robinson. The facility is licensed by the state of Louisiana and is inspected at least yearly. The facility takes adjudicated youth from throughout the state of Louisiana, who are referred by the Louisiana Office of Juvenile Justice (OJJ). The facility is a beautifully landscaped campus located in a residential neighborhood across from the Ouachita River. The total rated capacity for the facility is for thirty male youth. The average daily population for the last 12 months was 21. The population on day 1 of the onsite audit was 19. The age range of the population is 12-18 and the average length of stay under supervision is 6 to 9 months.

the Louisiana Department of Family Services (DCFS) Bureau of Licensing policy which requires a minimum direct care staff-to-resident ratio of 1:6 during waking hours and 1:12 during sleeping hours. This meets the requirement as set forth in Louisiana regulations and by PREA. Johnny Robinson's Boys Home is a non-secure facility. Direct care staff are required to maintain line-of-sight supervision of residents at all times except when residents are in their sleeping rooms. Staff are required to periodically monitor sleeping residents throughout their shifts and perform head counts of residents during this time. At least one supervisor is on-duty during waking hours until 11:00 p.m. At least one upper-level administrative staff member will be available on-call. On-duty supervisory personnel are required to be accessible to direct and oversee facility operations and respond to emergency situations. An on-call supervisor stays overnight in a JRBH staff housing unit and must be available to respond promptly and effectively in the event of a crisis or emergency at the facility. Administrative staff and supervisors can augment coverage, but can only be considered in the staff-to-resident ratio when directly observing residents. There are four to five wake staff on duty between 11:00 p.m. and 7:00 a.m. Staffing well exceeds the minimum nighttime staffing ratios of 1:12.

There are two housing units, the "Big House" and the Little House". The "Big House" has administrative offices downstairs, a LCSW office, staff bathroom, file room, and a conference room. Confidential attorney visits and special family visits are held in the conference room.

Upstairs there are a total of 14 beds in four bedrooms. Three of the bedrooms have four beds and the remaining bedroom has two beds. The "Little House" has 16 beds in seven bedrooms. One bedroom has two beds while the other six bedrooms have beds each. Both housing units have a dayroom, showers and bathrooms and there are no segregation or isolation units.

In addition to the housing units, the facility has a dining hall and kitchen, gymnasium, outside basketball court, and a large green space for outdoor sports. The dining hall also functions as a visitation and staff training area. A chain-link fence surrounds the facility. Johnny Robinson's Boys Home has a video monitoring system. The system is not actively monitored but is considered a deterrent to sexual acts and other safety violations. It is primarily utilized in post-incident investigations. The system has twenty-three cameras located both inside and outside to improve coverage in certain areas to the greatest degree possible. Bathrooms, bedrooms, and showers are not within camera view.

Services Available

Residents attend public school, including GED preparation classes. Medical services are provided offsite at Urban Medical Clinic and St Francis Medical Center.

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:	7
Number of standards met:	36
Number of standards not met:	0

Standards Exceeded:

Standard 115.313 Supervision and monitoring
Standard 115.317 Hiring and promotion decisions
Standard 115.321 Evidence protocol and forensic medical examinations
Standard 115.331 Employee training
Standard 115.333 Resident education
Standard 115.354 Third-party reporting
Standard 115.365 Coordinated response

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>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. JRBH PREA Policy 2. JRBH Organizational Chart 3. PREA Coordinator's Job Description 4. JRBH Pre-Audit Questionnaire <p>Interview:</p> <p>1. PREA Coordinator</p> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.311 (a)</p> <p>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>JRBH has a comprehensive PREA Policy. The facility mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. JRBH policies address prevention of sexual abuse and sexual harassment through the designation of a PREA Coordinator, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policies address detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through the various ways of reporting, 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>115.311 (b)</p> <p>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.</p> <p>JRBH PREA Policy (pg. 80, sect. II.A) states JRBH employs a designated upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards. The position of PREA Coordinator is identified in the organizational chart as an upper-level position within the facility. The job description outlines the PREA Coordinator's responsibilities. The PREA Coordinator reports to the Facility Administrator.</p> <p>The PREA Coordinator has demonstrated he has sufficient time and authority to accomplish his PREA related responsibilities. The PREA Coordinator worked with the Louisiana State Police for 35 years as an officer, captain, and investigator. His knowledge and background make him well suited to coordinate the agency's efforts to comply with the PREA standards.</p> <p>115.311 (c)</p> <p>JRBH is a single facility agency. There is no PREA Compliance Manager.</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 requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">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="242 338 576 400" style="list-style-type: none"> 1. JRBH Pre-Audit Questionnaire 2. Memo: Nonapplicable <p data-bbox="242 432 501 459">Findings (by provision):</p> <p data-bbox="242 463 363 490">115.312 (a)</p> <p data-bbox="242 495 1474 557">PAQ: The agency has not 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:</p> <ol data-bbox="242 562 1474 656" style="list-style-type: none"> 1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 0 2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: N/A <p data-bbox="242 687 839 714">JRBH does not contract for the confinement of its residents.</p> <p data-bbox="242 745 363 772">115.312 (b)</p> <p data-bbox="242 777 1474 875">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: N/A</p> <p data-bbox="242 902 839 929">JRBH does not contract for the confinement of its residents.</p> <p data-bbox="242 960 376 987">Conclusion:</p> <p data-bbox="242 992 1474 1055">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: Exceeds 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. JRBH PREA Policy 2. 2020 & 2021 Staffing Plan Vulnerability Assessments 3. 2020 & 2021 Staffing Plan Review Meetings 4. 2020 & 2021 JRBH Staffing Plan Narratives 5. 2020 & 2021 JRBH Annual Reports of Staffing Plan Deviations 6. 2020 & 2021 JRBH Annual Reports of Sexual Abuse 7. 2020 & 2021 JRBH PREA Program Reviews 8. 2020 & 2021 Records of Supervisory Documented Unannounced Rounds and Bed Checks 9. 2020 & 2021 JRBH PREA Program Review 10. 2020 & 2021 Daily Resident Rosters and Daily Roll Call Lists 11. 2019 Camera System Meeting Minutes & Purchase Orders 12. Memos: 2020 & 2021 Upgrades to Facility and New Technologies 13. PREA Exigent Circumstance Reporting Form 14. JRBH Staff Schedule & Work Assignments 15. Current Client List 16. JRBH Facility Site Map with Camera Locations 17. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Facility Administrator) 2. PREA Coordinator 3. Intermediate or Higher-Level Facility Staff <p>Site Review Observations: Observations during onsite review of facility</p> <p>Findings (By Provision):</p> <p>115.313 (a)</p> <p>PAQ: Since the 2017 PREA audit:</p> <ol style="list-style-type: none"> 1. The average daily number of residents: 24 2. The average daily number of residents on which the staffing plan was predicated: 30 <p>JRBH PREA Policy (pg. 88, sect. II.C, para. 1) states JRBH shall make best efforts to comply with a regular staffing plan. In calculating adequate staffing levels and determining the need for video monitoring the following factors will be taken into consideration: Generally accepted detention, shelter and alternative program practices; Any judicial findings of inadequacy; Any inadequacy findings from Federal investigative agencies; Any inadequacy findings from internal or external oversight bodies; All components of the physical plant; The composition of the resident population; The number and placement of supervisory staff; Programs occurring on a particular shift; Any applicable State or local laws, regulations or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other factor that could impact the safety and security of the facility.</p> <p>The facility conducts an Annual Staffing Plan Vulnerability Assessment and conducts Staffing Plan Review Meetings. All of the standard requirements are addressed in the annual report. The Facility Administrator confirmed JRBH regularly develops a staffing plan. He confirmed adequate staffing levels to protect residents against sexual abuse are considered in the plan, video monitoring is part of the plan and the staffing plan is documented with the annual Staffing Plan Vulnerability Assessment and Staffing Plan Review Meetings. He confirmed all requirements of this provision of the standard are addressed in the staffing plan. He checks for compliance with the staffing plan through Staff Work schedules, Daily Resident Roll Calls, Resident Rosters, and Night Staff Bed Checks. The evidence shows the facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The staffing plan is well documented and provides for more than adequate levels of staffing.</p> <p>115.313 (b)</p> <p>PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.</p> <p>JRBH PREA Policy (pg. 88, sect. II.C, para. 2) states that in the event that the staffing ratio is unable to be maintained during an exigent circumstance, a written incident report fully documenting deviations from the plan during said exigency shall be</p>

turned into the administration no later than one day subsequent to the event and a copy forwarded to the PREA Coordinator.

The facility would use the PREA Exigent Circumstance Reporting Form to document any deviations. JRBH produces an Annual Report of Staffing Plan Deviations. There were no deviations noted in 2017 or 2018. The Facility Administrator confirmed the facility has not had any deviations from the staffing plan and confirmed the facility would document all instances of non-compliance with the staffing plan using the PREA Exigent Circumstance Reporting Form.

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:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

JRBH PREA Policy (pg. 88, sect. II.C, para. 1) states the Louisiana Department of Children and Families Services' Bureau of Licensing requirements of a staffing ratio of 1:6 during waking hours and 1:12 during resident sleeping hours in accordance with Child Residential Class A Standards. (See La. Admin. Code tit. 67, pt. III, § 7301 et seq.).

The population during the onsite phase of the audit was 19 and the staffing plan is based on a designed facility capacity of 30. During the onsite audit the auditor observed the staffing ratios to exceed the state requirements and the PREA standard requirements. To maintain the ratios the facility maintains a staff dorm. Off-duty staff stay onsite in the dorm and are available for call-out during an emergency. A minimum of one supervisor and one direct care worker are on-call 24/7.

The Facility Administrator confirmed the facility is obligated by the Louisiana Department of Children and Families Services' Bureau of Licensing to follow staffing ratios of 1:6 during waking hours and 1:12 during sleeping hours. He stated the system of providing staff on-call housing and having an off-duty staff stay-over list has enabled the facility to exceed the ratios set by the state of Louisiana and the PREA ratio requirements.

PREA Site Review:

During the onsite tour of the facility the auditor observed all areas 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.

JRBH PREA Policy (pg. 88, sect. II.C, para. 3) states the administration, in consultation with the PREA Coordinator, will review the following on an annual basis, or more frequently as otherwise required, to determine whether adjustments are needed to: The staffing plan established pursuant to this section above; Prevailing staffing patterns; The deployment of video monitoring systems and monitoring technologies; The resources available to commit to ensure adherence to the staffing plan.

The PREA Coordinator confirmed he is part of the facility team that meets regarding assessments of, or adjustments to, the staffing plan for JRBH. He confirmed the plan is assessed at least annually and documented with the Staffing Plan Vulnerability Assessment.

The auditor reviewed the 2020 and 2021 Staffing Plan Vulnerability Assessments 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.

JRBH PREA Policy (pg. 88, sect. II.C, para. 4) states JRBH shall deter staff sexual abuse and sexual harassment by conducting and documenting unannounced rounds at least twice monthly by either direct care supervisors, PREA Coordinator, or Administrator. There shall be no notification to staff members that these unannounced rounds are occurring, thus prohibiting staff members from notifying other staff, unless such announcement is related to legitimate operational functions of the facility. These rounds will be conducted on day shifts and night shifts.

Documentation of the unannounced rounds was provided. The documentation demonstrated the rounds are conducted on both shifts at least twice monthly. An interview with a Direct Care Worker Supervisor confirmed the rounds are conducted as

scheduled, documented, and staff are not alerted as to when they are occurring.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding supervision and monitoring. The facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse and takes into consideration the 11 criteria listed in provision (a) of the standard. The facility fully complies with the staffing plan and is prepared to document any deviations from the plan. The facility significantly exceeds the required staffing ratios. The state of Louisiana requires 1:6 during waking hours and 1:12 during sleeping hours, but the facility substantially exceeds those ratios. Although the facility is non-secure, they follow all aspects of the standard including the provision for conducting unannounced rounds. No corrective action is required.

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. JRBH PREA Policy 2. Cross-Gender/Transgender/Intersex Searches Form 3. Cross-Gender and Transgender Pat Searches Training Video 4. Cross-Gender and Transgender Pat Searches Training Curriculum 5. Guidance in Cross-Gender and Transgender Pat Searches - The Moss Group, Inc. 6. PREA Annual Training Records - Limits to cross-gender viewing and searches 7. Memo: Nonoccurrence of cross-gender pat-down searches 8. Memo: Nonoccurrence of cross-gender strip searches or cross-gender visual body cavity searches 9. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random Sample of Residents 3. Transgender or Intersex Residents <p>Site Review Observations:</p> <p>Observations during onsite review of facility</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.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0 2. 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: 0 <p>JRBH PREA Policy (pg. 90, sect. II.B, para. 1) states JRBH prohibits cross-gender strip searches or visual body cavity searches except in exigent circumstances. The facility provides training on how to conduct these searches in exigent circumstances using training curricula and a video. Staff participation in the training is recorded with training sign-in logs.</p> <p>115.315 (b)</p> <p>PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender pat-down searches of residents: 0 2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0 <p>JRBH PREA Policy (pg. 90, sect. II.B, para. 2) states JRBH staff shall not conduct cross-gender pat-down searches except in exigent circumstances.</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 has warranted such a search.</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>JRBH PREA Policy (pg. 90, sect. II.B, para. 3) states in the event that a cross-gender search is conducted pursuant to emergency circumstances, a written incident report fully documenting the procedure shall be turned into Administration.</p> <p>The facility developed a form, the Cross-Gender/Transgender/Intersex Searches Form. The form has space for the reporter to explain the exigent circumstance generating the need for a cross-gender strip search, cross-gender visual body cavity search, or cross-gender pat-down search. The form also has "Points to Remember" that reiterate the annual training the staff receive on searches of this manner.</p> <p>The auditor reviewed the Cross-Gender/Transgender/Intersex Searches Form. There were no cross-gender searches.</p> <p>115.315 (d)</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.

JRBH PREA Policy (pg. 90, sect. II.B, para. 4) states the facility prohibits cross-gender viewing of residents while showering, changing clothing, and performing bodily functions. Staff of opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes.

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 do not work in the housing units, but they would announce their presence if they were to 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.

PREA Site Review:

During the onsite review no female staff were observed entering the housing units. 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 staff of either gender. Residents can do so behind a closed door, a frosted shower door, or a "PREA friendly" shower curtain.

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.

JRBH PREA Policy (pg. 90, sect. II.B, para. 5) states at no time shall staff conduct a physical examination of transgender or intersex residents solely for the purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile'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%

JRBH PREA Policy (pg. 90, sect. II.B, para. 6) states JRBH shall train staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs only in exigent circumstances.

The facility conducts this training annually using a Cross-Gender and Transgender Pat Searches Training Video, Cross-Gender and Transgender Pat Searches Training Curriculum, and Guidance in Cross-Gender and Transgender Pat Searches developed by The Moss Group, Inc. Training participation is documented with PREA Annual Training Records.

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.

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. JRBH PREA Policy 2. Contract: Male' Thompson (Spanish Interpreter) 3. Contract: Joellen Freeman (certified speech language pathologist) 4. Access to International Language Center (included in annual training) 5. PREA Orientation for Residents who are Limited English Proficient (Spanish) 6. PREA Educational Material (Spanish) 7. Interpreter Contact Information 8. 5 Ways to Report (Spanish) 9. Staff PREA Training Sign-in Logs for 2020 & 2021 10. Memo: Nonoccurrence - Residents with Disabilities and Residents with Limited English Proficiency 11. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Random sample of Staff 3. Residents (with disabilities or who are limited English proficient) <p>Site Review Observations:</p> <p>Observations during onsite review of facility</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>A memorandum from the facility Administrator states the facility shall take all necessary steps to ensure that a resident has an equal opportunity to participate in or benefit from JRBH's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such measures include providing access to interpreters, written materials explaining the facility's PREA policies and procedures, or verbal explanation by designated staff. The Agency Head confirmed the facility has established procedures to provide residents with disabilities and residents who are Limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</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>JRBH PREA Policy (pg. 90, sect. II.F, para. 2) states the facility shall take all necessary steps to ensure that a resident has an equal opportunity, to participate in, or benefit from, the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such measures include providing access to interpreters, written materials explaining the facility's PREA policies and procedures, or verbal explanation by designated staff. JRBH has memorandums of understanding with Male' Thompson, an Optimal and Black Diamond, MTI and SPOTS interpreter, and with Joellen Freeman, a certified speech language pathologist. JRBH utilizes the International Language Center which is accessible 24/7.</p> <p>The facility provides annual training on "How to Use the International Language Center 24/7 Emergency Service". This training is given in the event there might be an emergency request for interpretation. The International Language Center provides consecutive or simultaneous foreign language interpreting, American Sign Language, etc. No residents with disabilities or who are limited English proficient were present during the onsite phase of the audit.</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>

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:
0

JRBH PREA Policy (Section II, E, Paragraph 3, Page 90) states the use of resident interpreters, resident readers, or other types of resident assistants is prohibited 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. Any use of a resident interpreter shall be documented.

Staff interviews confirmed the agency would use a language service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

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: Exceeds 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. JRBH PREA Policy 2. 2017 DCFS Criminal Background Check Requirements 3. DCFS Criminal Record Clearances for Caretakers in Residential Settings 4. Annual Criminal Records Check Spreadsheet 5. OJJ Criminal Background Check and State Central Registry Check Requirements 6. Louisiana State Central Registry Law 7. Louisiana State Central Registry Risk Evaluation Panel 8. DCFS State Central Registry Disclosure 9. PREA Disclosure Forms 10. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p>Findings (By Provision):</p> <p>115.317 (a)</p> <p>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 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>JRBH PREA Policy (pg. 91, sect. II.F, paras. 6-7) states all applicants are asked about any prior misconduct involving any sexual activity. In addition, JRBH shall not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, JRBH does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, nor anyone, who has used or attempted to use force in the community to engage in sexual abuse.</p> <p>The PREA Disclosure Form asks the three questions required by this provision, plus other questions relevant to hiring and promotion procedures. Several examples were provided to the auditor during the Pre-onsite phase of the audit. These questions are asked during hiring, employee evaluations and promotions.</p> <p>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>115.317 (b)</p> <p>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>JRBH PREA Policy (pg. 91, sect. II.F, para. 8) states JRBH shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any volunteer or contractor, who may have contact with residents.</p> <p>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>115.317 (c)</p> <p>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:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 8
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

JRBH PREA Policy (pg. 91, sect. II.F, paras. 1-5) states prior to employment, Johnny Robinson's Boys Home subjects any person who will maintain contact with juveniles, whether they are staff, volunteer or contractor, to a criminal background check pursuant to the Louisiana Child Protection Act. LA. R.S. 15:587.1.

Additionally, the facility requires that all staff members, volunteers and contractors, who have direct contact with residents, prior to employment; submit completed fingerprint cards and releases to the Department of Public Safety and Corrections, Bureau of Criminal Identification, as mandated by statute.

Prospective employees, volunteers and contractors, who maintain direct contact with residents, shall also complete State Central Registry Disclosure forms before acceptance for employment. The facility does not hire any prospective employee, nor enlist the services of any volunteer or contractor who may have contact with residents, whose criminal record check is returned with an indication of any sexual abuse, harassment, or other sexual crime in violation of any applicable state or federal regulations.

Consistent with law, JRBH makes its best effort to check with previous employers of any potential employee, volunteer or contractor who may have contact with juveniles for any information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

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 auditor reviewed records of background checks of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision.

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: 0

JRBH PREA Policy (pg. 91, sect. II.F, paras. 1-2) prior to employment, Johnny Robinson's Boys Home subjects any person who will maintain contact with juveniles, whether they are staff, volunteer or contractor, to a criminal background check pursuant to the Louisiana Child Protection Act. LA. R.S. 15:587.1.

Additionally, the facility requires that all staff members, volunteers and contractors, who have direct contact with residents, prior to employment; submit completed fingerprint cards and releases to the Department of Public Safety and Corrections, Bureau of Criminal Identification, as mandated by statute.

The HR staff confirmed the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions.

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.

JRBH PREA Policy (pg. 91, sect. II.F, para. 10) states the facility conducts annual criminal background record checks on all current employees, volunteers and contractors who have direct contact with residents. State Central Registry forms are also completed on all current employees, volunteers and contractors annually according to state law.

In addition to the DCFS Criminal Record Clearance examples and DCFS State Central Registry Disclosure examples, the auditor reviewed a spreadsheet showing that all employees receive these checks annually.

The interview with the HR staff confirmed the checks are conducted annually.

115.317 (f)

JRBH PREA Policy (pg. 91, sect. II.F, paras. 6-7) states all applicants are asked about any prior misconduct involving any sexual activity. In addition, JRBH shall not hire or promote anyone who has been civilly or administratively adjudicated to

have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, JRBH does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, nor anyone, who has used or attempted to use force in the community to engage in sexual abuse.

The PREA Disclosure Form asks the three questions required by this provision, plus other questions relevant to hiring and promotion procedures. These questions are asked during hire, employee evaluations, and promotions.

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

The auditor reviewed PREA Disclosure Forms 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 Disclosure Forms demonstrating existing employees are asked the same questions about misconduct annually.

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.

JRBH PREA Policy (pg. 91, sect. II.F, para. 9) states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (h)

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

The HR staff confirmed the facility would 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds the standard regarding hiring and promotion decisions. The facility asks the required questions concerning misconduct during hiring, employee evaluations and promotions. The facility considers any incidents of sexual harassment in hiring and promotion decisions. JRBH has an extensive background process. JRBH substantially exceeds this standard by requiring background checks annually rather than at 5 year intervals. Lastly, the facility would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon request.

115.318	Upgrades to facilities and technologies
	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. JRBH PREA Policy 2. Memos: 2020 & 2021 Upgrades to Facility and New Technologies 3. 2019 Camera System Meeting Minutes & Purchase Orders 4. Schematics: New cameras are highlighted in red. 5. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent or Designee (Facility Administrator) <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>JRBH PREA Policy (pg. 91, sect. II.G, para. 1) states the facility shall consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect residents from sexual abuse when designing or acquiring any new facility, and in planning in any substantial expansion, or modification of existing facilities.</p> <p>JRBH is not a new facility and there have been no substantial expansions or modifications since the last PREA audit. The interview with the Agency Head/Facility Administrator 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>JRBH PREA Policy (pg. 91, sect. II.G, para. 2) states the facility shall utilizes a video camera system in order to review recordings for investigation purposes in support of its PREA effort. Recordings may be reviewed up to fourteen (14) days during "motion only" option. The system acts as a deterrent which enhances the ability to protect residents from sexual abuse.</p> <p>The facility upgraded its video surveillance system in 2017 with a Hybrid HD/IP camera system purchased from DCS Security and Communications. Eight cameras were installed. In 2018, four additional cameras were installed.</p> <p>The interview with the Agency Head/Facility Administrator confirmed enhancing the facility's ability to protect residents from sexual abuse was considered when updating the video monitoring system.</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: Exceeds 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. JRBH PREA Policy 2. PREA Protocol Reference Sheet 3. JRBH Flow Chart: Process for Inquiry into a Sexual Abuse Allegation 4. Louisiana Law, Act 229 - billing for forensic medical examinations 5. Memo: Ouachita Parish Coroner's Office (SAFE/SANE) 6. Memo: The Wellspring Alliance for Families 7. Memo: Monroe Police Department 8. Staff Member Victim Advocate Certification 9. Non-occurrence of Victim Advocate Services (Memo) 10. PREA Critical Incident Report Form 11. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. Random Sample of Staff 4. SAFEs/SANes (Ouachita Parish Coroner's Office) 5. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.321 (a) and (b)</p> <p>PAQ: The facility is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>JRBH PREA Policy (pg. 92, sect. III.A, para. 1) states JRBH shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and shall be appropriate for juveniles. Staff shall adhere to the Code of Federal Regulations 115.364 regarding staff first responder duties.</p> <p>JRBH does not conduct administrative or criminal investigations of sexual abuse. These investigations are conducted by the Louisiana Office of Juvenile Justice and the Monroe Police Department.</p> <p>Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</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> <ol style="list-style-type: none"> 1. The number of forensic medical exams conducted: 0 2. The number of exams performed by SANes/SAFes: 0 <p>The number of exams performed by a qualified medical practitioner: 0</p> <p>Forensic medical examinations are conducted at St. Francis Medical Center.</p> <p>JRBH PREA Policy (pg. 92, sect. III.A, para. 1) states forensic medical examinations by a certified SAFE or SANE shall be provided free of charge to the victim at the St. Francis Medical Center Emergency Room which has a SANE on duty 24/7. JRBH staff shall document the efforts to provide a SAFE or SANE. A qualified medical professional shall perform a forensic medical examination if there is no SAFE or SANE available.</p> <p>The facility has a MOU with the Ouachita Parish Coroner's Office for SAFes/SANes. A telephone interview with the coroner's office confirmed a SAFE/SANE would be made available and examinations would be conducted at the St. Francis Medical Center Emergency Room. Louisiana Law, Act 229 states the examinations would be offered without financial cost to residents who experience sexual abuse.</p>

115.321 (d) and (e)

(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.

(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.

JRBH PREA Policy (pg. 92, sect. III.A, paras. 3-4) states a victim shall be provided unimpeded access to crisis intervention and victim advocate services which will be provided free of charge to the victim by the Wellspring Alliance for Families with whom JRBH has a memorandum of understanding. If requested by the victim, a victim advocate or the Facility Administrator, who is a trained qualified staff member, can accompany and support the victim during the forensic medical examination and investigatory interviews for emotional support, crisis intervention, information and referrals. JRBH staff shall document the efforts to secure services from the rape crisis center.

An interview with the PREA Coordinator confirmed the facility shall attempt to make available to the victim a victim advocate from the Wellspring Alliance for Families or the Facility Administrator who is a trained qualified staff member.

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.

JRBH PREA Policy (pg. 92, sect. III.A, para. 5) states JRBH staff shall request that any investigating agency follow the requirements contained in 28 C.F.R. § 115.321 (a.-f.). Allegations of sexual abuse or sexual harassment which involves potentially criminal behavior will be referred to the Monroe Police Department.

The MOU with the Monroe Police Department (MPD) is inclusive of the requirements of the standard. A telephone interview with the Chief of Police's office confirmed the MPD would follow the requirements of the standard. An Interview with the Louisiana OJJ Investigator confirmed the OJJ would participate in the facility's SART and fully comply with the standard requirements.

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. JRBH PREA Policy 2. Louisiana Mandatory Reporting Law 3. Memo: Monroe Police Department 4. OJJ Standard Operating Procedures for reporting alleged abuse 5. OJJ Youth Safety Guide 6. DCFS Reporting Requirements for Abuse 7. JRBH OJJ/Social Services Contract 8. DCFS Child Protection Handbook 9. DCFS Mandated Reporter Form 10. DCFS Critical Incident Reporting Form 11. Memo: Referrals for investigation 12. JRBH Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head <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> <ol style="list-style-type: none"> 1. The number of allegations of sexual abuse and sexual harassment that were received: 0 2. The number of allegations resulting in an administrative investigation: 0 3. The number of allegations referred for criminal investigation: 0 <p>Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.</p> <p>JRBH PREA Policy (pg. 92, sect. VIII.B, para. 1) states the Administrator shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Administrative investigations are referred to OJJ.</p> <p>The Agency Head confirmed an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>115.322 (b)</p> <p>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.</p> <p>JRBH PREA Policy (pg. 92, sect. VIII.B, para. 2) states JRBH staff shall immediately refer all suspected incidents of sexual abuse to the Monroe Police Department, who is the legal authority to conduct criminal investigations within the city limits of Monroe, Louisiana.</p> <p>JRBH has an MOU with the Monroe Police Department form criminal investigations. The facility does not have a website. Copies of the policy are available to the public through placement on a credenza in the foyer in the main house.</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>The MOU with the Monroe Police Department describes responsibilities of both JRBH and the MPD.</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 policies to ensure referrals of allegations for investigations. JRBH policy requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The facility makes the policy available to the public. The MOU with the Monroe Police Department describes responsibilities of both the facility and the MPD. The Louisiana Office of Juvenile Justice and the Department of Children and Family Services are</p>

responsible for conducting administrative investigations. There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at JRBH. No corrective action is required.

115.331	Employee training
	Auditor Overall Determination: Exceeds 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="240 304 376 331">Documents:</p> <ol data-bbox="240 338 1163 667" style="list-style-type: none"> 1. JRBH PREA Policy 2. Guidelines for Providing Non-Discriminatory Services to LGBT Youth 3. JRBH Employee PREA Training Curriculum 4. Gender-influenced Socialization, Communication Styles and Behaviors 5. PREA Staff Pamphlet: "What Staff Should Know About Sexual Misconduct with Juveniles" 6. PREA Posters 7. Staff First Responder Cards 8. Staff Receipt of PREA Training 9. PREA Awareness Level Training Records 10. JRBH Pre-Audit Questionnaire <p data-bbox="240 696 363 723">Interviews:</p> <ol data-bbox="240 730 517 757" style="list-style-type: none"> 1. Random Sample of Staff <p data-bbox="240 786 505 813">Findings (By Provision):</p> <p data-bbox="240 819 363 846">115.331 (a)</p> <p data-bbox="240 853 1303 880">PAQ: The agency trains all employees who may have contact with residents on the eleven required topics.</p> <p data-bbox="240 909 1493 1272">RBH PREA Policy (pgs. 92-93, sect. IV.A, para. 1) states Johnny Robinson's Boys Home staff shall receive training based on PREA employee training standards. Upon hire and annually thereafter, JRBH will provide PREA training on the following: JRBH's zero tolerance policy for sexual abuse and sexual harassment; JRBH's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; Clients'/Residents' rights to be free from sexual abuse and sexual harassment; The right of clients/residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in a residential treatment facility; The common reactions of sexual abuse and sexual harassment juvenile victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with clients/residents; How to communicate effectively and professionally with clients/residents, including gay, bisexual, transgender, intersex or gender nonconforming residents, and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities: and Relevant laws regarding the applicable age of consent. (non-consent due to custodial nature at JRBH)</p> <p data-bbox="240 1301 1457 1364">The auditor reviewed training curricula, associated training materials, and staff training records. All of the staff interviewed reported receiving the training topics annually.</p> <p data-bbox="240 1393 363 1420">115.331 (b)</p> <p data-bbox="240 1426 1461 1489">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 1518 1493 1612">JRBH PREA Policy (pg. 93, sect. IV.A, para. 2) states training is tailored to the unique needs and attributes and gender of the residents at the facility. This area of training is accomplished with Gender-influenced Socialization, Communication Styles and Behaviors. The training is provided annually. The auditor reviewed training records for verification.</p> <p data-bbox="240 1641 363 1668">115.331 (c)</p> <p data-bbox="240 1675 1484 1769">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 with residents receive refresher training on PREA requirements: Monthly</p> <p data-bbox="240 1798 1461 1928">JRBH PREA Policy (pg. 92, sect. IV.A, para. 1) states all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards. JRBH shall provide each employee with refresher and awareness level training monthly to ensure that all employees know the current sexual abuse and sexual harassment policies and procedures.</p> <p data-bbox="240 1957 1473 2152">Training is conducted annually and refresher training is provided on a monthly basis at staff meetings. Staff are given a test following the training. The JRBH Employee PREA Training Curriculum includes all of the topics required by the standard. Staff are provided a PREA Pamphlet, "What Staff Should Know about Sexual Misconduct with Juveniles" and Staff First Responder Cards. Additionally, PREA Posters are available throughout the facility. Staff interviews confirmed they have received training on the 11 required topics. The auditor reviewed training records for verification.</p>

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.

JRBH PREA Policy (pg. 92, sect. IV.A, para. 5) states staff shall sign a training roster upon completion of training documenting that they understand the training they have received.

Staff sign the Staff Receipt of PREA Training form confirming they have completed the required training. The auditor reviewed training records for verification.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility substantially exceeds the requirements of this standard regarding employee training. Training is conducted annually and refresher training is provided monthly at staff meetings.

115.332	Volunteer and contractor training
	<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 1085 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 333">Documents:</p> <ol data-bbox="242 338 919 499" style="list-style-type: none"> 1. JRBH PREA Policy 2. JRBH PREA Volunteer and Contractor Training Curriculum 3. Volunteer and Contractor PREA Training Records 4. JRBH Notice of Zero Tolerance Policy for Volunteers/Contractors 5. JRBH Pre-Audit Questionnaire <p data-bbox="242 530 363 560">Interviews:</p> <p data-bbox="242 564 841 593">Volunteers or Contractors who have Contact with Residents</p> <p data-bbox="242 622 504 651">Findings (By Provision):</p> <p data-bbox="242 656 360 685">115.332 (a)</p> <p data-bbox="242 689 1452 750">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.</p> <p data-bbox="242 779 1481 840">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: 4</p> <p data-bbox="242 869 1452 965">JRBH PREA Policy Section B, Paragraph 1, Page 93 states the PREA Coordinator shall ensure that all volunteers and contractors who have direct contact with clients/residents have been trained on their responsibilities under JRBH's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="242 994 1410 1055">The auditor reviewed the Volunteer and Contractor Training Curriculum and Volunteer and Contractor PREA Training Records to verify training was received.</p> <p data-bbox="242 1084 363 1113">115.332 (b)</p> <p data-bbox="242 1117 1477 1245">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 data-bbox="242 1274 1481 1435">JRBH PREA Policy Section B, Paragraphs 2-3, Page 93 states the level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with clients/residents. Training needs for volunteers and contractors who have contact with clients/residents will be assessed by the PREA Coordinator. All volunteers and contractors who have contact with clients/residents will be trained on JRBH's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.</p> <p data-bbox="242 1464 1267 1494">The auditor reviewed Volunteer and Contractor PREA Training Records to verify training was received.</p> <p data-bbox="242 1523 360 1552">115.332 (c)</p> <p data-bbox="242 1556 1447 1617">PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="242 1646 1481 1742">JRBH PREA Policy Section B, Paragraph 4, Page 93 states JRBH will maintain documentation confirming that volunteers and contractors understand the training they have received. The training shall be based on the same PREA subject matters as regular staff receive during training.</p> <p data-bbox="242 1771 1267 1800">The auditor reviewed Volunteer and Contractor PREA Training Records to verify training was received.</p> <p data-bbox="242 1830 376 1859">Conclusion:</p> <p data-bbox="242 1863 1466 1924">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Exceeds 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. JRBH PREA Policy 2. Juvenile Receipt of Youth Safety Guide regarding sexual abuse - examples 3. OJJ Youth Safety Guide 4. JRBH Youth Handbook - PREA section 5. JRBH Placement Agreement Excerpt: PREA Grievance and Appeal Process 6. JRBH Placement Agreement Excerpt: OJJ Youth Safety Guide 7. JRBH Placement Agreement Excerpt: "The Wellspring" PREA 8. PREA education material: "You Have the Right to Be Safe from Sexual Violence" 9. PREA education material: "What to Know About Sexual Misconduct" (age appropriate) 10. JRBH PREA Resident Pamphlet: "What Residents Should Know About Sexual Abuse" (lower functioning) 11. PREA Orientation Power Point Presentation (English & Spanish) 12. PREA Education Material – Spanish 13. Contract: Male' Thompson (Spanish Interpreter) 14. Contract: Joellen Freeman (certified speech language pathologist) 15. Residents with Limited English Proficiency (interpreter contact information) 16. International Language Center 24-hour Contact Information 17. Resident PREA Posters <ol style="list-style-type: none"> a. OJJ "Break the Silence, Make the Call" b. JRBH Zero Tolerance Poster with reporting instructions & contact information c. 5 Ways to Report Poster (English and Spanish) 18. JRBH Continuing Education: Thinking for a Change Group Therapy Notes with PREA Worksheet 19. PREA Refresher Information for Thinking for a Change & the Louisiana Model for Secure Care 20. Resident Participation in PREA Education Sessions 21. Youth Confirmation of Receipt of PREA 22. JRBH Pre-Audit Questionnaire <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.</p> <p>Of residents admitted during the past 12 months, the number who were given this information at intake: 55</p> <p>JRBH PREA Policy (Section IV, C, Paragraph 1, Page 93) states within the first twenty-four (24) hours of placement, intake personnel shall inform the youth about the facility's zero-tolerance policy towards all forms of sexual abuse and harassment, as well as provide the grievance procedures for reporting incidents or suspicions of sexual abuse or sexual harassment and the JRBH policy against retaliation for such reporting.</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.</p> <p>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.</p> <p>Residents interviewed confirmed they were told about their right to not be sexually abused or sexually harassed, how to report sexual abuse and sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. All residents interviewed confirmed they were given information about the rules against sexual abuse and sexual harassment.</p>

115.333 (b)

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 55

JRBH PREA Policy Section IV, C, Paragraph 2, Page 93 states within ten (10) days of intake, youth shall read the "PREA Orientation Power Point Guide" printout of the Louisiana Office of Juvenile Justice. They are advised of their rights to be free from sexual abuse and incidents, and regarding JRBH's policies and procedures for responding to such incidents.

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 by requiring the residents to read 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 facility's rules and regulations form acknowledging that they have been informed about the facility's policies and procedures regarding reporting of sexual abuse and sexual harassment. Lastly, the residents participate in PREA groups as part of the Louisiana Model for Secure Care (LAMOD) program.

115.333 (c)

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

JRBH PREA Policy Section IV, C, Paragraph 2, Page 93 states within ten (10) days of intake, youth shall read the "PREA Orientation Power Point Guide" printout of the Louisiana Office of Juvenile Justice. They are advised of their rights to be free from sexual abuse and incidents, and regarding JRBH's policies and procedures for responding to such incidents.

The PAQ asserts all residents were educated at intake and then refreshed within 10 days of intake.

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.

JRBH PREA Policy Section IV, C, Paragraph 2, Page 93 states PREA education is accessible to all clients, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. The Wellspring Alliance for Families, Male' Thompson and Joellen Freeman will assist with any problems in communications. JRBH has memorandums of understanding on file.

The auditor reviewed the contract with the Spanish language interpreter, contract with the certified speech language pathologist, International Language Center 24-hour Contact Information, American Sign Language, etc., resident Spanish language PREA education and orientation materials, and the JRBH PREA Resident Pamphlet "What Residents Should Know About Sexual Abuse" for lower functioning youth.

115.333 (e)

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

Residents sign an acknowledgement, the Youth Confirmation of Receipt of PREA, verifying they reviewed and understand the information given to them about PREA which is then placed in their file. Examples were provided to the auditor for verification. The residents also sign the Juvenile Receipt of the Youth Safety Guide, and placement agreements regarding the JRBH PREA Grievance and Appeal Process, and the Wellspring Rape Crisis & Victim Advocacy Center. The auditor reviewed signed placement agreements 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.

Resident PREA Posters are located through the facility. The posters include OJJ "Break the Silence, Make the Call"; JRBH Zero Tolerance Poster with reporting instructions & contact information; and 5 Ways to report poster (English and Spanish). The resident handbook includes important PREA information that reinforces the availability of PREA education.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding resident education. The residents are provided education on all required PREA topics during intake, again within 10 days, and during groups. Additionally, PREA education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. Residents sign the Youth Confirmation of Receipt of PREA, verifying they reviewed and understand the information given to them about PREA. PREA information is continuously and readily available to residents through posters, handbooks, and pamphlets. No corrective action is required.

115.334	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">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="242 338 916 533" style="list-style-type: none"> 1. JRBH PREA Policy 2. Memo: Monroe Police Department 3. Monroe Police Department Confirmation of Investigative Training 4. OJJ Confirmation of Investigative Training 5. OJJ Training Records 6. JRBH Pre-Audit Questionnaire <p data-bbox="242 562 352 586">Interview:</p> <ol data-bbox="242 593 509 622" style="list-style-type: none"> 1. Investigative Staff (OJJ) <p data-bbox="242 651 504 680">Findings (By Provision):</p> <p data-bbox="242 687 362 712">115.334 (a)</p> <p data-bbox="242 719 1485 880">PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. JRBH PREA Policy (pg. 93, sect. IV.D, para. 1) states JRBH refers all suspected incidents of sexual abuse to the appropriate governmental agency for criminal and administrative investigation. All investigations are referred to the Monroe Police Department, Louisiana Department of Children and Family Services' Child Protection Unit and the Louisiana Office of Juvenile Justice.</p> <p data-bbox="242 909 1485 1070">JRBH does not conduct sexual abuse investigations. Administrative investigations are conducted by the Louisiana Office of Juvenile Justice and Louisiana Department of Children and Family Services' Child Protection Unit. Criminal investigations are conducted by the Monroe Police Department. An interview with the OJJ Director of Investigations confirmed he and other investigators have received training specific to conducting sexual harassment investigations in confinement settings. The specialized training was accomplished through the PRC and NIC.</p> <p data-bbox="242 1077 1382 1137">The auditor reviewed OJJ training records for annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting.</p> <p data-bbox="242 1167 362 1191">115.334 (b)</p> <p data-bbox="242 1198 1477 1296">Specialized training includes 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.</p> <p data-bbox="242 1326 1493 1554">A MOU with the Monroe Police Department states the Department's investigators will receive training as required by the standard. An accompanying memorandum states the investigators have been adequately trained to conduct sexual abuse investigations in confinement settings. A memorandum from the Louisiana Office of Juvenile Justice Director of Investigations states Investigative Services has trained investigators available to investigate PREA-related incidents at the facility. An interview with the OJJ Director of Investigations confirmed he has received training in conducting investigations in confinement settings. Based on the review of the Pre-audit questionnaire and interview with the OJJ Director of Investigative Services, the evidence shows the facility follows this provision of the standard.</p> <p data-bbox="242 1583 362 1608">115.334 (c)</p> <p data-bbox="242 1615 1477 1675">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: 0</p> <p data-bbox="242 1682 1485 1780">The Louisiana Office of Juvenile Justice maintains training transcripts documenting agency investigators have completed the required specialized training in conducting sexual abuse investigations. The auditor reviewed OJJ training records for annual training required</p> <p data-bbox="242 1809 376 1834">Conclusion:</p> <p data-bbox="242 1841 1461 1904">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
	<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="242 338 718 465" style="list-style-type: none"> 1. JRBH PREA Policy 2. 2020 & 2021 LCSW Staff Receipt of Training 3. Memo: No Facility Medical Staff 4. JRBH Pre-Audit Questionnaire <p data-bbox="242 499 363 524">Interviews:</p> <ol data-bbox="242 530 643 560" style="list-style-type: none"> 1. Medical Staff and Mental Health Staff <p data-bbox="242 589 505 616">Findings (By Provision):</p> <p data-bbox="242 622 362 649">115.335 (a)</p> <p data-bbox="242 656 1437 714">PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol data-bbox="242 721 1485 851" style="list-style-type: none"> 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 1 2. 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 data-bbox="242 880 1481 1008">JRBH PREA Policy (pg. 93, sect. IV.D, para. 1) states the facility utilizes community resources for medical practitioners. The facility employs a full time Licensed Clinical Social Worker (“LCSW”) for youth therapy services who maintains a current license and receives twenty (20) hours of continuing education pertaining to sexual abuse and detection annually, as well as the required PREA training.</p> <p data-bbox="242 1037 1043 1066">The interview with the LCSW confirmed receipt of the specialized training topics.</p> <p data-bbox="242 1095 363 1122">115.335 (b)</p> <p data-bbox="242 1128 1233 1158">PAQ: JRBH does not employ medical staff. Forensic medical examinations are performed offsite.</p> <p data-bbox="242 1187 363 1214">115.335 (c)</p> <p data-bbox="242 1220 1414 1279">PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p data-bbox="242 1308 1358 1337">JRBH PREA Policy (pg. 93, sect. IV.D, para. 1) states documentation of training is maintained in facility records.</p> <p data-bbox="242 1366 767 1395">The auditor reviewed training records for verification.</p> <p data-bbox="242 1424 363 1451">115.335 (d)</p> <p data-bbox="242 1458 1469 1516">Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under §115.332, depending upon the practitioner’s status at the agency.</p> <p data-bbox="242 1545 1481 1644">JRBH PREA Policy (pg. 93, sect. IV.D, para. 1) states the facility employs a full time Licensed Clinical Social Worker (“LCSW”) for youth therapy services who maintains a current license and receives twenty (20) hours of continuing education pertaining to sexual abuse and detection annually, as well as the required PREA training.</p> <p data-bbox="242 1673 767 1702">The auditor reviewed training records for verification.</p> <p data-bbox="242 1731 376 1758">Conclusion:</p> <p data-bbox="242 1765 1466 1823">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.</p>

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. JRBH PREA Policy 2. JRBH Screening Tool for Risk of Sexual Victimization and Abusiveness 3. JRBH Health Screening Form 4. JRBH Housing Unit Placement Form 5. JRBH PREA Risk Reassessment Form 6. Residents Records 7. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Staff Responsible for Risk Screening 3. Random Sample of Residents <p>Site Review:</p> <p>Observations during onsite review of facility</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> <ol style="list-style-type: none"> 1. 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: 54 2. 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>The policy requires that a resident's risk level be reassessed periodically throughout their confinement.</p> <p>JRBH PREA Policy (pg. 91, sect. IV.A, para. 1) states that within seventy-two (72) hours upon arrival to the facility, the administrative assistant and/or facility social worker shall interview the client at intake to obtain information about the youth's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The client's risk level shall be reassessed every six months during an administrative review.</p> <p>JRBH uses the Screening Tool for Risk of Sexual Victimization and Abusiveness within 72 hours of intake to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Risk levels are reassessed every 6 months using the PREA Risk Reassessment Form. The auditor reviewed examples of the screening tool for verification.</p> <p>The Staff Responsible for Risk Screening confirmed they screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. They stated they screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. These screens usually occur within two hours of intake. The information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records. Resident's risk levels are reassessed every six months.</p> <p>Residents interviewed 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>

PAQ: Risk assessment is conducted using an objective screening instrument.

JRBH PREA Policy (pg. 91, sect. IV.A, para. 2) states the risk assessment is conducted using an objective screening instrument.

The auditor reviewed the JRBH Screening Tool for Risk of Sexual Victimization and Abusiveness and found it to be inclusive of the criteria required by the standard. Based on the resident's responses they are assigned a risk level for potentially being at risk of being sexually aggressive, sexually vulnerable, both, or neither.

The auditor observed the objective screening instrument, examples for residents interviewed, and additional documentation for the 12-month audit period.

115.341 (c)

JRBH PREA Policy (pg. 94, sect. IV.A, para. 4) states the administration and social worker shall attempt to ascertain information about the following items in order to effectively accomplish this objective: Prior sexual victimization or abusiveness; Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, intersex, and whether the resident may therefore be vulnerable to sexual abuse; Current charges and offenses history; Age; Level of emotional and cognitive development; Physical size and stature; Mental illness or mental disabilities; Intellectual or developmental disabilities; Physical Disabilities; The resident's own perception of vulnerability; and 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 Screening Tool for Risk of Sexual Victimization and Abusiveness and determined all factors required by this provision of the standard are included. The interview with the intake staff responsible for risk screening confirmed she is aware of the elements of the risk screening instrument.

115.341 (d)

JRBH PREA Policy (pg. 94, sect. IV.A, para. 5) states the information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file. The interview with the staff responsible for risk screening confirmed the information is ascertained through conversations with the residents using the Screening Tool for Risk of Sexual Victimization and Abusiveness. Other assessments and records are referred to as needed.

115.341 (e)

JRBH PREA Policy (pg. 94, sect. IV.A, para. 3) states that to ensure confidentiality and sensitivity of the information of the resident's responses, information will be kept in the resident's confidential file and not shared with unauthorized persons. Only persons authorized by the Administrator, including, but not limited to, the PREA Coordinator, designated administrative staff, direct care supervisory staff, and the social worker shall have knowledge of the findings and responses in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The auditor observed the facility's file room. The files are secured in a locked cabinet behind a locked door. The files have a list of individuals that have access to them.

Interviews with the staff responsible for risk screening and PREA Coordinator confirmed the information is limited to only certain facility staff, including the PREA Coordinator, designated administrative staff, direct care supervisory staff, and the LCSW.

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. JRBH PREA Policy 2. Screening For Risk of Sexual Victimization & Abusiveness tool with Housing Placement 3. PREA Risk Reassessment Form 4. Memo: nonoccurrence of residents at-risk of victimization placed in isolation 5. JRBH Isolation Activity Log Form 6. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Administrator 2. PREA Coordinator 3. Staff Responsible for Risk Screening 4. Staff who Supervise Residents in Isolation 5. Mental Health Staff 6. Residents in Isolation 7. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents <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>JRBH PREA Policy (pg. 94, sect. IV.B, para. 1) states Johnny Robinson's Boys Home utilizes all information obtained standard § 115.341 to determine the most appropriate housing and bed accommodations and other related activities for youth to prevent potential occurrences of sexual abuse and to ensure the safety of all youth.</p> <p>The facility uses the Housing Placement Form to document housing and bed assignments. Examples were provided to the auditor for verification.</p> <p>The Coordinator 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> <ol style="list-style-type: none"> 1. The number of residents at risk of sexual victimization who were placed in isolation: 0 2. 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 3. 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>JRBH PREA Policy (pg. 94, sect. IV.B, para. 2) states any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall comply with § 115.342 and the provision (a). At no time will any client be denied any legally required educational programs, special education services, daily large-muscle exercise, or medical/mental health care. At risk residents may only be placed in isolation in an emergency situation, and only as a last resort if less restrictive measures are inadequate to keep the resident safe.</p> <p>The policy is inclusive of the provision if there were to be an emergency situation. The Isolation Activity Log would be used to document the residents' rights to daily large-muscle exercise and any legally required educational programming or special</p>

education services are provided.

The Facility Administrator confirmed JRBH does not use isolation for residents at risk of sexual victimization.

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.

JRBH PREA Policy (pg. 94, sect. IV.B, para. 3) states JRBH does not consider sexual orientation or gender identification as an indicator of likelihood of sexual abusiveness, and as such, does not make housing determinations based on sexual orientation.

The PREA Coordinator confirmed LGBTI residents would not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor would the facility consider LGBTI identification or status as an indicator of likelihood of being sexually abusive.

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.

JRBH PREA Policy (pg. 94, sect. IV.B, para. 4) states in making housing and bed determinations for transgender or intersex youth, the facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The PREA Coordinator and Administrative Assistant confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

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.

JRBH PREA Policy (pg. 94, sect. IV.B, para. 5) states placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

The PREA Coordinator and Administrative Assistant confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident. They both stated the reassessments would be done sooner than six months based on the average length of stay being 6 to 9 months.

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.

JRBH PREA Policy (pg. 94, sect. IV.B, para. 6) states a transgender or intersex resident's own views with respect to his or her safety shall be taken into consideration during said assignment.

The PREA Coordinator and Administrative Assistant confirmed a transgender or intersex resident's own views with respect to his or her own safety would be given serious consideration.

115.342 (g)

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

JRBH PREA Policy (pg. 93, sect. IV.B, para. 2) states transgender or intersex residents shall be given the opportunity to shower separately from other residents.

The PREA Coordinator and Administrative Assistant confirmed a transgender or intersex resident would be given the opportunity to shower separately from other residents.

Site Review Observations:

Observations made during the site review revealed the single bathroom in the "Little House" allows for a resident to shower separately. Based on the review of the Pre-audit questionnaire, site review observations, and interviews with the PREA Coordinator and Administrative Assistant, the evidence shows the facility follows this provision of the standard.

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:

1. A statement of the basis for facility's concern for the resident's safety, and
2. The reason or reasons why alternative means of separation cannot be arranged: N/A

JRBH PREA Policy (pg. 95, sect. IV.B, para. 8) states if a resident is isolated pursuant to part (B.2.) of this section, the facility shall clearly document: a. The basis for the facility's concern for the resident's safety; and b. The reason why no alternative means of separation can be arranged.

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Administrator and LCSW confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation. The Isolation Activity Log provides space for documenting the requirements of this provision

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.

JRBH PREA Policy (pg. 95, sect. IV.B, para. 9) states every thirty (30) days, JRBH shall afford each resident described in provision (b) of this section a review to determine whether there is a continuing need for separation from the general population.

The policy is inclusive of this provision if there were to be an emergency situation.

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 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 1294 869" style="list-style-type: none"> 1. JRBH PREA Policy 2. PREA Grievance and Appeal Process 3. JRBH Juvenile grievance/PREA grievance form 4. JRBH Youth Handbook excerpt: PREA "You Have the Right to Be Safe from Sexual Assault & Abuse 5. 5 Ways to Report Poster 6. OJJ Youth Safety Poster: Break the Silence-Make the Call 7. OJJ Youth Safety Guide 8. JRBH PREA Intake and Orientation Process sheet 9. You Have the Right to be Safe from Sexual Violence (part of intake process at JRBH) 10. Youth Confirmation of Receipt of PREA 11. Memo: Ouachita Parish Coroner's Office (SAFE/SANE) 12. Memo: The Wellspring Alliance for Families 13. Memo: Monroe Police Department 14. Memo: JRBH does not detain residents solely for civil immigration purposes. 15. JRBH Emergency Plan Excerpt (staff privately reports sexual abuse/sexual harassment of residents) 16. JRBH Pre-Audit Questionnaire <p data-bbox="240 898 363 925">Interviews:</p> <ol data-bbox="240 931 683 1059" style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <p data-bbox="240 1088 528 1115">Site Review Observations:</p> <p data-bbox="240 1122 762 1149">Observations during on-site review of physical plant</p> <p data-bbox="240 1178 507 1205">Findings (By Provision):</p> <p data-bbox="240 1211 363 1238">115.351 (a)</p> <p data-bbox="240 1245 1465 1339">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 data-bbox="240 1368 1497 1462">JRBH PREA Policy (pg. 95, sect. IV.A, para. 1) states JRBH provides a number of procedural avenues for residents to report suspected sexual abuse, sexual harassment, retaliation by other residents or staff for reporting abuse, or any staff member neglect of responsibilities that may have contributed to such an incident.</p> <p data-bbox="240 1491 1497 1585">The residents are provided with numerous methods for reporting both internally and externally. Internal methods include: verbally, grievance, anonymously, or by third party. Information for reporting, including hotline numbers, is posted throughout the facility, included in the resident handbooks and PREA pamphlets.</p> <p data-bbox="240 1615 1497 1776">Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.</p> <p data-bbox="240 1805 363 1832">115.351 (b)</p> <p data-bbox="240 1839 1497 1910">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.</p> <p data-bbox="240 1939 1497 2161">JRBH PREA Policy (pg. 95, sect. IV.A, para. 5) states the facility has the Louisiana Office of Juvenile Justice's Youth Safety Guide posted in all dormitories along with a toll-free phone number to report instances of abuse. Nothing in this section shall prevent a resident from reporting abuse, neglect, or harassment to any outside public or private agency, including, but not limited to, the Monroe Police Department, the Louisiana Office of Juvenile Justice, the Louisiana Department of Children and Family Services, any public school employee where the resident attends, or any other authoritative entity. In addition, a resident may make a report to the Wellspring Alliance for Families with whom JRBH has a memorandum of understanding for victim advocate and rape crisis services. The contact phone numbers and address are posted in the dorms. A resident may</p>

remain anonymous upon request. Residents shall have unimpeded access to a telephone in which to make a report. Staff shall allow for limited resident privacy during the call without losing observation of the resident. Residents are advised of staff mandatory reporting requirements. There are no time limitations within which a client may report suspected abuse.

Contact information for public or private entities or offices that are not part of the agency includes:

- Monroe Police Department: 318-329-2600
- Louisiana Office of Juvenile Justice Hotline: 1-800-626-1430
- The Wellspring Alliance Rape Crisis Center Hotline: 1-800-716-7233
- The Louisiana Foundation against Sexual Assault (LaFASA): 1-888-995-7273
- Ouachita Parish Coroner's Office: 318-327-1362

The auditor observed the contact information listed on PREA posters, PREA pamphlets, and in the resident handbook. Resident interviews confirmed the youth were knowledgeable of their ability to make an anonymous report. The PREA Coordinator 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. The facility provided a memorandum stating JRBH does not detain residents solely for civil immigration purposes

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

JRBH PREA Policy (pg. 95, sect. IV.A, para. 2.b) states staff shall accept reports made verbally, in writing, anonymously and from third parties. Staff shall immediately document any verbal report.

Staff interviews confirmed reports can be made verbally, in writing, anonymously, and from third parties. Staff interviewed stated they would document verbal reports immediately. Reports would be made to direct care supervisors, the Facility Administrator, and the PREA Coordinator. 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.

JRBH PREA Policy (pg. 95, sect. IV.A, para. 3) states residents are provided with the tools necessary to make written reports.

The PREA Coordinator confirmed residents have access to pens and pencils to write a grievance. The auditor observed the availability of writing utensils and grievance forms.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: emails, new employee training and posters

JRBH PREA Policy (pg. 95, sect. IV.A, para. 4) states nothing shall prevent a staff member from privately reporting abuse, neglect, or harassment to the Administrator, PREA Coordinator, or any outside public or private agency, or any other authoritative entity. Any staff member may make a report utilizing any of the same methods as a resident.

Staff interviews confirmed they were knowledgeable they could privately report sexual abuse and sexual harassment of residents. Most named the grievance process as the preferred method.

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. JRBH PREA Policy 2. Memo: nonoccurrence of PREA grievance extension 3. Memo: nonoccurrence of written grievances alleging sexual abuse 4. JRBH Resident Handbook 5. JRBH grievance/PREA grievance form 6. Juvenile acknowledgement of receipt of PREA grievance and appeal process 7. JRBH Third-party reporting form 8. JRBH Parent Letter 9. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents who Reported a Sexual Abuse <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>JRBH PREA Policy (pgs. 95-96, sect. IV.I, paras. 1-15) outlines the administrative procedures to address resident grievances regarding sexual abuse. Paragraph 1 states information related to sexual abuse or sexual harassment grievance procedures and administrative remedies is contained in the JRBH Placement Agreement which is included in the client intake paperwork. Residents are provided instructions on the procedures and then are asked to date and sign the form. In addition, PREA information is provided in the Parent/Guardian Letter which is mailed to the parent or legal guardian of a new client/resident.</p> <p>The auditor confirmed JRBH has administrative procedures to address resident grievances regarding sexual abuse.</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>JRBH PREA Policy (pg. 96, sect. IV.I, paras. 2-5) states JRBH shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facility may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. JRBH ensures a formal process to address resident grievances regarding sexual abuse and sexual harassment, and prohibits an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment. A log of grievances filed shall be maintained at the facility. A copy of all findings shall be forwarded to the PREA Coordinator. Nothing in this section shall restrict JRBH's ability to defend against a lawsuit filed by a resident on the basis that the applicable statute of limitations has expired.</p> <p>The auditor reviewed the Resident Handbook and verified relevant information is provided.</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>JRBH PREA Policy (pg. 96, sect. IV.B, paras. 6-8) states a resident who alleges sexual abuse or sexual harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance shall not be referred to a staff member who is the subject of the complaint. A locked drop box for grievances is also available. The box is checked daily by either the direct care supervisors, PREA Coordinator, or the Administrator. This system is used to provide youth and staff a means to place written sexual abuse or sexual harassment grievances privately and securely.</p> <p>The auditor reviewed the Resident Handbook and verified relevant information is provided.</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. The total time between the discovery</p>

of the grievance and the disposition cannot exceed 25 days.

In the past 12 months:

1. The number of grievances that were filed that alleged sexual abuse: 0
2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

JRBH PREA Policy (pg. 96, sect. IV.B, paras. 11-13) states residents may make a report of sexual abuse or sexual harassment to any staff member of JRBH at any time. The first level of the process is conducted by the Review Committee which consists of the Administrator, PREA Coordinator, a direct care supervisor, or a designee. The Review Committee will convene within three (3) working days of receiving the grievance. An emergency grievance will be reviewed immediately as in the manner indicated below within this section. At the Review Committee hearing, the client/resident may relate his version of the incident, call witnesses and question facts presented. Recommendations of the committee may include disciplinary action against staff or client/resident held responsible for inappropriate or illegal acts; further investigation; change in policy or procedures; or any and all of the above. All findings will be submitted in writing to the client/resident within three (3) additional days. The final level is an appeal of the Review Committee's findings. The appeal may be made directly to the Administrator, or his designee, who will review the findings within three (3) working days of the Review Committee's decision, and shall submit the appeal findings in a written report to the client within three (3) additional days. Any extension of a final decision will result in the resident receiving written notification of the extension, and a date that the final decision shall be issued. A final decision shall be made within ninety (90) days of the initial filing of the grievance. The findings of the Administrator, or his designee, are final. At any level of the process, if the resident does not receive a response within the time allotted for reply, the resident 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: 0

JRBH PREA Policy (pg. 96, sect. IV.B, para. 10) states third parties, including fellow residents, staff members, family members, attorneys and outside advocates shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, JRBH shall require, as a condition of processing the request, that the alleged victim agree to have the request filed on his behalf. If the resident declines to have the request processed on his behalf, JRBH shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his 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: 0

JRBH PREA Policy (pg. 96, sect. IV.B, para. 14) states If an emergency grievance is received alleging that a resident is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Administrator who shall take immediate corrective action. The Administrator shall provide an initial response within forty-eight (48) hours, and shall issue a final decision within five (5) calendar days. The initial response and final decision shall document the facility's determination whether the resident 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: 0

JRBH PREA Policy (pg. 96, sect. IV.B, para. 15) states the facility may discipline a resident for filing a grievance related to alleged sexual abuse only where the administration demonstrates that the resident filed the grievance in bad faith.

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. JRBH PREA Policy 2. Resident PREA Posters <ul style="list-style-type: none"> • OJJ "Break the Silence, Make the Call" • JRBH Zero Tolerance Poster with reporting instructions & contact information • 5 Ways to Report Poster (English and Spanish) 3. JRBH Placement Agreement "You Have the Right to be Safe from Sexual Violence" 4. JRBH Youth Handbook Excerpt, "You have the right to be safe from sexual assault and abuse" 5. JRBH Youth pamphlet, "What Residents Should Know About Sexual Abuse" 6. OJJ Youth Safety Guide 7. JRBH Youth Confirmation of Receipt of PREA 8. Memo: The Wellspring Alliance for Families 9. Memo: Ouachita Parish Coroner's Office 10. RBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Administrator 2. PREA Coordinator 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <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: 1. 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.</p> <p>2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.</p> <p>JRBH PREA Policy (pg. 97, sect. IV.C, para. 1) states the facility provides residents with access to outside victim advocate services for emotional support related to sexual abuse, by providing, posting, or otherwise making accessible the mailing addresses and telephone numbers, including the Louisiana Office of Juvenile Justice's toll-free sexual abuse crisis hotline phone number which is posted in each dorm. Information is provided regarding the Wellspring Alliance of Families which provides victim advocate and rape crisis services. Residents have unimpeded access to a telephone in which to call these services upon request. Staff shall allow for resident privacy during the call without losing observation of the resident.</p> <p>Contact information for outside victim advocate services for emotional support related to sexual abuse includes: Louisiana Office of Juvenile Justice Hotline: 1-800-626-1430 The Wellspring Alliance Rape Crisis Center Hotline: 1-800-716-7233 The Louisiana Foundation against Sexual Assault (LAFASA): 1-888-995-7273</p> <p>The auditor observed the contact information listed on PREA posters, PREA pamphlets, and in the resident handbook. Residents interviewed stated they were aware there are services available outside of the facility for dealing with sexual abuse, if they ever need it. Most stated counseling or therapy would be available. Residents interviewed knew contact information for outside services was posted on the walls, and provided in their handbooks. Residents interviewed knew calling outside support services would be a free and private call. The facility provided a memorandum stating JRBH does not detain residents solely for civil immigration purposes.</p> <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>JRBH PREA Policy (pg. 97, sect. IV.C, para. 2) states staff shall advise residents, prior to giving them phone access, of the extent to which such communications will be monitored and the extent to which reports of sexual abuse will be forwarded to the proper authorities in accordance with mandatory reporting laws and requirements. Calls are not recorded.</p>

Resident interviews confirmed they were knowledgeable of mandatory reporting laws. During the site review the PREA Coordinator and direct care worker supervisor stated resident phone calls would be monitored with sight, but not sound supervision.

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.

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with The Blue Bench. The auditor contacted The Blue Bench and confirmed victim advocacy is available to the youth at the facility.

Interviews with residents confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

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.

JRBH PREA Policy (pg. 97, sect. IV.C, para. 3) states the facility maintains a current memorandum of understanding with the Wellspring Alliance for Families. The Wellspring Alliance for Families is a victim advocate and rape crisis service center that provides confidential emotional support services related to sexual abuse. JRBH maintains documentation of such agreement on file in its business office.

The auditor reviewed the MOU with Wellspring Alliance for Families and contacted the organization 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.

The Facility Director and PREA Coordinator 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: Exceeds 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="242 338 871 600" style="list-style-type: none"> 1. JRBH PREA Policy 2. JRBH Third-Party Reporting Form 3. JRBH Parent Letter 4. Memo: Nonoccurrence of third-party reports of sexual abuse 5. JRBH PREA Grievance and Appeal Process 6. JRBH Statement in reference to 115.354 7. JRBH Third-Party Reporting Informational Booklet for Public 8. JRBH Pre-Audit Questionnaire <p data-bbox="242 629 719 656">Observations during onsite review of facility</p> <p data-bbox="242 687 341 714">§115.354</p> <p data-bbox="242 719 1477 745">PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p data-bbox="242 777 1493 1008">JRBH PREA Policy (pg. 97, sect. IV.D, para. 1) states information regarding third-party reporting can be found in the JRBH Placement Agreement, Parent/Guardian Letter, and Policy Manual Chapter 17, Part VI. Reporting, A, B.8, and B.10. A report can be made by telephone to the facility or to the Ouachita Parish Coroner's Office with which JRBH maintains a memorandum of understanding for third-party reporting to the facility. The Louisiana Department of Children and Families Services website allows for public online reporting. A report may also be submitted via the PREA locked drop box located in the facility's public accessible area of the main office building. The locked drop box shall be checked daily by either the direct care supervisors, PREA Coordinator, or Administrator. Third-party reports can be made to the following:</p> <ul data-bbox="242 1039 1477 1234" style="list-style-type: none"> • Monroe Police Department • Louisiana Department of Children and Families Services, Child Protection Unit: 1-855-4LA-KIDS (1-855-452-5437) toll free 24 hours a day, 365 days a year. • Louisiana Office of Juvenile Justice • Wellspring Alliance for Families (victim advocacy and rape crisis services) • Ouachita Parish Coroner's Office (MOU agreeing to receive and report third party reports) <p data-bbox="242 1263 1485 1355">Johnny Robinson's Boys Home displays a publicly accessible Third-Party Reporting Binder that is placed in the lobby of the facility. The binder contains all information pertaining to procedures for creating a third-party report and the necessary forms with which to do so.</p> <p data-bbox="242 1386 1091 1413">There were no third- party reports received during the 12 months preceding the audit.</p> <p data-bbox="242 1444 376 1471">Conclusion:</p> <p data-bbox="242 1476 1473 1538">Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding third-party reporting by providing multiple ways for third-party reporting. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	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 1002 763" style="list-style-type: none"> 1. JRBH PREA Policy 2. JRBH Emergency Plan - Critical Incident Response 3. JRBH PREA Protocol Checklist 4. JRBH PREA Protocol Wallet/Pocket Card 5. JRBH Flow Chart – Process for Inquiry into a Special Abuse Investigation 6. JRBH PREA Critical Incident Report 7. DCFS Mandated Report of Child Abuse/Neglect Report 8. Louisiana Children’s Code – Mandatory Reporter Laws 9. JRBH Staff Confirmation of Receipt of PREA 10. JRBH Staff Confirmation of Receipt of PREA 115.331 11. JRBH Parent PREA Notification Letter 12. JRBH Third-Party Reporting Form 13. JRBH Pre-Audit Questionnaire <p data-bbox="240 797 363 819">Interviews:</p> <ol data-bbox="240 828 517 987" style="list-style-type: none"> 1. Agency Head 2. Facility Administrator 3. PREA Coordinator 4. Random Sample of Staff 5. Mental Health Staff <p data-bbox="240 1021 507 1043">Findings (By Provision):</p> <p data-bbox="240 1052 363 1075">115.361 (a)</p> <p data-bbox="240 1084 1126 1111">PAQ: The agency requires all staff to report immediately and according to agency policy:</p> <ol data-bbox="240 1120 1457 1245" style="list-style-type: none"> 1. 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. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p data-bbox="240 1279 1489 1404">JRBH PREA Policy (pg. 97, sect. VIII, para. 1) states staff shall immediately report any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of JRBH; retaliation against residents or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="240 1438 1477 1563">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 data-bbox="240 1597 363 1619">115.361 (b)</p> <p data-bbox="240 1628 1273 1655">PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p data-bbox="240 1688 1477 1778">JRBH PREA Policy (pg. 97, sect. VII, para. 2) states staff shall comply with all mandatory reporting laws regarding child abuse, adhere to the Code of Federal Regulations 115.64 regarding staff first responder duties and prepare a written critical incident report.</p> <p data-bbox="240 1812 1461 1901">Interviews with staff confirmed they are knowledgeable of mandatory child abuse reporting laws. Staff reported they would report to the PREA Coordinator and Facility Administrator. All reports are made to the Monroe Police Department, the Louisiana Office of Juvenile Justice and the Louisiana Department of Family Services.</p> <p data-bbox="240 1935 363 1957">115.361 (c)</p> <p data-bbox="240 1966 1437 2056">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 data-bbox="240 2089 1473 2152">JRBH PREA Policy (pg. 97, sect. VII.A, para. 3) states apart from reporting to designated supervisors, or officials and designated State and local agencies as required by law, staff shall be prohibited from revealing any information related to a</p>

sexual abuse report to anyone other than to the extent necessary, as specified by JRBH policy, to make treatment, investigation, and other security and management decisions.

Interviews with staff confirmed they are knowledgeable they are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

115.361 (d)

Policy S 9.17 states any person involved in a Stage I investigation as a witness or any other capacity is not authorized to discuss the investigation, facts, and particulars with anyone who has not been officially authorized by the investigator of the specific situation. Revealing information relating to an investigation may result in disciplinary action.

JRBH PREA Policy (pg. 97, sect. VII.A, paras. 4-5) states staff social workers shall report sexual abuse pursuant to (1) of this section, to a direct care supervisor, as well as, Monroe Police Department, and any parent or legal guardian, if applicable, as required by mandatory reporting laws.

Such practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The interview with the LCSW confirmed she discloses the limitations of confidentiality and her duty to report, at the initiation of services to a resident. She confirmed she is mandated by law to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the PREA Coordinator, Facility Administrator, and the Louisiana Department of Children and Family Services.

115.361 (e)

JRBH PREA Policy (pg. 97, sect. VII.A, paras. 6-7) states upon receiving any allegation of sexual abuse, the staff member shall immediately report the allegation to a supervisor who shall then notify the Administrator. The first responder shall call the Monroe Police Department. In addition, the alleged victim's parents or legal guardians shall be notified promptly, unless JRBH has official documentation indicating the parents or legal guardians should not be notified. All residents of JRBH are adjudicated by the court system and have been sentenced to the custodial care of the Louisiana Office of Juvenile Justice. If a juvenile court retains jurisdiction over the alleged victim, the Administrator, or designee shall also report the allegation to the juvenile's attorney or their legal representative of record within fourteen (14) days of receiving the allegation.

Staff interviewed stated they would report information related to resident sexual abuse to their immediate supervisor. The Facility Administrator/Agency Head stated he would report allegations of sexual abuse. If the victim is under the guardianship of the Louisiana Department of Children and Family Services, he stated she would report the allegation to DCFS within 24 hours. He confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted within 24 hours.

The PREA Coordinator stated when the facility receives an allegation of sexual abuse he reports the allegation to the Facility Administrator. 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 this has not occurred, but they would be notified immediately.

115.361 (f)

JRBH PREA Policy (pg. 97, sect. VII.A, para. 9) states staff shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated supervisors, who shall then notify the Administrator.

JRBH does not conduct sexual abuse investigations. Administrative investigations are conducted by the Louisiana Office of Juvenile Justice and Louisiana Department of Children and Family Services' Child Protection Unit. Criminal investigations are conducted by the Monroe Police Department. The facility has an MOU with the Monroe Police Department and a memorandum from the Louisiana Office of Juvenile Justice Director of Investigations Investigative Services. The Facility Administrator confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly the Monroe Police Department, the Louisiana Department of Children and Family Services, and the Louisiana Office of Juvenile Justice.

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
	<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="242 306 376 329">Documents:</p> <ol data-bbox="242 338 1158 600" style="list-style-type: none"> 1. JRBH PREA Policy 2. Memo: nonoccurrence of risk of imminent sexual abuse 3. Memo: nonoccurrence of isolation 4. Memo: nonoccurrence of housing unit placement based on risk of imminent sexual abuse 5. JRBH Isolation Activity Log 6. JRBH Housing Unit Placement Form 7. JRBH PREA Risk Reassessment Form 8. JRBH Pre-Audit Questionnaire <p data-bbox="242 631 363 654">Interviews:</p> <ol data-bbox="242 663 517 757" style="list-style-type: none"> 1. Agency Head 2. Facility Administrator 3. Random Sample of Staff <p data-bbox="242 788 448 810">§115.362 Findings:</p> <p data-bbox="242 819 1481 913">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 data-bbox="242 922 1490 981">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: 0</p> <p data-bbox="242 1012 1469 1106">JRBH PREA Policy (pg. 98, sect. VII.B, para. 1) states when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward that information to the Administrator who shall take immediate corrective action.</p> <p data-bbox="242 1137 1485 1299">The Agency Head/Facility Administrator confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor. Transfer to another program may be necessary. Staff interviewed confirmed they would take immediate action upon learning a resident is at risk of imminent sexual abuse. Protective measures mentioned included separating the potential victim from the potential aggressor, housing changes, and counseling.</p> <p data-bbox="242 1330 376 1352">Conclusion:</p> <p data-bbox="242 1361 1465 1420">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
	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. JRBH PREA Policy 2. Memo: No allegations or reports that a resident was sexually abused while at another confinement facility 3. Memo: No notifications of allegations that a resident was sexually abused while at another confinement facility 4. JRBH Reporting to other Confinement Facilities Form 5. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Facility Administrator <p>Findings (By Provision):</p> <p>115.363 (a) 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>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p>JRBH PREA Policy (pg. 98, sect. VII.C, para. 1) states that upon receiving an allegation that a current resident was sexually abused while confined at another facility, the Administrator shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>115.363 (b) 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>JRBH PREA Policy (pg. 98, sect. VII.C, para. 2) states such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.</p> <p>115.363 (c) PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>JRBH PREA Policy (pg. 98, sect. VII.C, para. 3) states the Administrator shall document that he has provided such notification. A written incident report indication the reporting of abuse to the appropriate authorities shall be filed in facility records.</p> <p>115.363 (d) 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>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>JRBH PREA Policy (pg. 98, sect. VII.C, para. 4) states the facility head or office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>The Facility Administrator confirmed that upon receiving an allegation that a resident was sexually abused while confined at another facility, he would notify the head of the facility where the alleged abuse occurred within 72 hours. He would also report it to The Louisiana Office of Juvenile Justice, Monroe Police Department, and the Louisiana Department of Children and Family Services for investigation. The report would be documented with the JRBH Reporting to other Confinement Facilities form.</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 reporting to other confinement facilities. No corrective action is required.</p>

115.364	Staff first responder duties
	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. JRBH PREA Policy 2. Memo: nonoccurrence of responses to any incidents or investigations of sexual abuse by first responders 3. JRBH PREA Protocol Wallet/Pocket Card 4. JRBH PREA Protocol Checklist 5. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse <p>Observations during onsite review of facility</p> <p>Findings (By Provision):</p> <p>115.364 (a)</p> <p>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.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p>Of these allegations:</p> <ol style="list-style-type: none"> 1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0 2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0 3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0 4. The number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0 5. The number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0 <p>JRBH PREA Policy (pg. 98, sect. VII.D, para. 1.a-c) states that upon learning of an allegation that a resident was sexually abused, the first security-level staff member to respond to the report shall be required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and 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.</p> <p>Each staff member has a PREA Protocol Wallet/Pocket Card that outlines their first responder duties. This information is listed in further detail with the PREA Protocol Checklist. Interviews with direct care workers confirmed they were knowledgeable of their duties when responding to allegations of sexual abuse.</p> <p>115.364 (b)</p> <p>PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:</p> <ol style="list-style-type: none"> 1. Request that the alleged victim not take any actions that could destroy physical evidence.

2. 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: 0

JRBH PREA Policy (pg. 98, sect. VII.D, para. 1.d) states non-security level staff shall request the alleged victim not take any actions that could destroy physical evidence, and then shall immediately notify security level staff.

An interview with a staff member confirmed he was knowledgeable of his first responder duties when responding to allegations of sexual abuse. He stated he would request that an alleged victim not take any actions that could destroy physical evidence.

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: Exceeds 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. JRBH PREA Policy 2. JRBH Emergency Plan 3. JRBH PREA Protocol Checklist 4. JRBH PREA Protocol Wallet/Pocket Card 5. JRBH Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Facility Administrator <p>Observations during onsite review of facility</p> <p>Findings:</p> <p>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>JRBH PREA Policy (pgs. 98-99, sect. VII.E) states:</p> <ol style="list-style-type: none"> 1. The facility shall work towards providing a coordinated response to all allegations of sexual abuse, including interventions by facility staff, medical facility staff, mental health practitioners, and local law enforcement. This policy and procedure serves as a written plan for providing coordinated actions taken in response to an incident of alleged sexual abuse. Staff shall adhere to the Code of Federal Regulations 28:115.64 regarding first responder duties. 2. Upon learning that a resident was sexually abused, the first staff member to respond to the scene must follow the established protocol. <ol style="list-style-type: none"> a. Separate the alleged victim and alleged abuser (call 911 if emergency medical response required). b. To the extent possible, staff shall attempt to secure the area with the intent to preserve any evidence that may assist the investigation process. They shall also restrict unnecessary entry to the area to preserve and protect the crime scene for law enforcement. c. If the abuse occurred within a time period that may still allow for the collection of any physical evidence (up to 96 hours), staff shall request that the alleged victim and the abuser not take any action that could destroy physical evidence, including, as appropriate, washing or showering, drinking or eating (unless medically indicated), brushing teeth, changing clothes, or toileting. d. Non-security level staff shall request the alleged victim not take any actions that could destroy physical evidence, and then shall notify security-level staff. e. Staff shall then notify the on-duty staff supervisor who shall immediately notify the Administrator. 3. The staff first responder shall immediately notify the following of an incident: <ol style="list-style-type: none"> a. Monroe Police Department (318)329-2600; b. Parent or legal guardian of any involved resident, if applicable. 4. Forensic medical examinations by a certified SAFE or SANE shall be provided free of charge to the victim at the St. Francis Medical Center Emergency Room which has a SANE on duty 24/7. JRBH staff shall document the efforts to provide a SAFE or SANE. A qualified medical professional shall perform a forensic medical examination if there is no SAFE or SANE available. 5. The victim shall be provided unimpeded access to crisis intervention and victim advocate services which will be provided free of charge to the victim by the Wellspring Alliance for Families, 1-800-716-7233, with whom JRBH has a memorandum of understanding. 6. If requested by the victim, a victim advocate or Administrator Matt Robinson, who is a trained qualified staff member, can accompany and support the victim during the forensic medical examination and investigatory interviews for emotional support, crisis intervention, information and referrals. JRBH staff shall document the efforts to secure services from the rape crisis center 7. In the event that a staff member is accused or suspected of perpetrating sexual abuse upon a resident, the staff member shall immediately be placed on leave by the Administrator, and shall be removed from the facility until such time that an investigation may be conducted. Any substantiated case of sexual abuse by a staff member will result in termination.

8. Staff shall complete a critical incident report in accordance with policy and procedures.
9. The Administrator, or designee shall forward an incident report within 24 hours to the following:
 - a. Louisiana Office of Juvenile Justice (318) 362-5209, or after hours (318) 680-0387
 - b. Louisiana DCFS Child Protection Unit (318) 362-3362 or (855) 452-5437
 - c. Louisiana DCFS Bureau of Licensing by fax (225) 342-9483

In addition to the detailed policy and procedures, the facility has developed a Sexual Assault Response Team (SART) Protocol and a PREA Protocol Checklist that coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Facility Administrator confirmed the facility would follow the Sexual Assault Response Team (SART) Protocol in response to an incident of sexual abuse. Staff carry PREA Protocol Wallet/Pocket Cards as a convenient reference of their duties if there were to be an allegation of sexual abuse. The PREA Coordinator reported the facility conducts "mock drills" where the response is practiced. The drills are particularly critical due to the infrequency of allegations of sexual abuse at the facility and demonstrate the facility exceeds the requirements of this standard. Based on the review of the Pre-audit questionnaire, review of the Sexual Assault Response Team (SART) Protocol and PREA Protocol Checklist, interviews with the Facility Administrator and PREA Coordinator, and "mock drills", the evidence shows the facility exceeds this standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

115.366	Preservation of ability to protect residents from contact with 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. JRBH PREA Policy 2. JRBH Isolation Activity Log 3. JRBH PREA Risk Reassessment Form 4. Memo: nonoccurrence of any isolation of a resident who has allegedly suffered sexual abuse 5. JRBH Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Facility Administrator <p>Findings (By Provision):</p> <p>Findings:</p> <p>PAQ: The facility has a policy that residents who allege to have suffered sexual abuse 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.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>Policy does not allow for a youth to be placed in seclusion unless they are creating an emergency situation in which they have made significant progress towards harming themselves or others. Seclusion is not to be used for the purpose of protecting a resident who is alleged to have suffered sexual abuse.</p> <p>The Facility Director confirmed the facility does not use segregated housing in this manner.</p>

115.367	Agency protection against retaliation
	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="240 338 922 499" style="list-style-type: none"> 1. JRBH PREA Policy 2. JRBH PREA Protection Against Retaliation Form 3. JRBH Housing Unit Placement Form 4. JRBH Resident Notification of PREA Investigation Outcome Form 5. JRBH Pre-Audit Questionnaire <p data-bbox="240 530 363 557">Interviews:</p> <ol data-bbox="240 562 887 689" style="list-style-type: none"> 1. Agency Head 2. Facility Administrator 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse <p data-bbox="240 721 504 748">Findings (By Provision):</p> <p data-bbox="240 752 360 779">115.367 (a)</p> <p data-bbox="240 784 1474 846">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 data-bbox="240 878 1294 904">The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p data-bbox="240 909 764 936">The name(s) of the staff member(s): Bob Thompson</p> <p data-bbox="240 940 775 967">The title(s) of the staff member(s): PREA Coordinator</p> <p data-bbox="240 999 1461 1097">JRBH PREA Policy (pg. 99, sect. VII.G, para. 1) states the facility shall 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. The PREA Coordinator, or designee shall be charged with monitoring retaliation.</p> <p data-bbox="240 1128 1201 1155">The interview with the PREA Coordinator confirmed he is charged with monitoring for retaliation.</p> <p data-bbox="240 1187 360 1214">115.367 (b)</p> <p data-bbox="240 1218 1489 1317">The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="240 1348 1437 1411">JRBH PREA Policy (pg. 99, sect. VII.G, para. 2) states measures to protect staff and residents shall include, but are not limited to, the following:</p> <ol data-bbox="240 1415 1086 1576" style="list-style-type: none"> a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services through the Wellspring Alliance for Families, which JRBH has a current memorandum of understanding for victim advocate and rape crisis services. <p data-bbox="240 1608 1485 1765">The Agency Head/Facility Administrator confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The PREA Coordinator stated some of the measures he would take to protect residents and staff from retaliation are moving the alleged abuser or the alleged victim. The Louisiana Office of Juvenile Justice would be contacted regarding transfers.</p> <p data-bbox="240 1796 360 1823">115.367 (c)</p> <p data-bbox="240 1827 1474 2029">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. The length of time that the agency and/or facility monitors the conduct or treatment: 90 days 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: 0</p> <p data-bbox="240 2060 1461 2159">JRBH PREA Policy (pg. 99, sect. VII.G, para. 3) states the PREA Coordinator, or designee shall monitor the conduct and treatment of residents or staff who reported the sexual abuse, and of residents, who were reported to have suffered sexual abuse for ninety (90) days to see if there are any changes that may suggest possible retaliation by residents or staff, and</p>

shall act promptly to remedy any such retaliation. The PREA Coordinator, or designee, shall monitor any resident disciplinary reports, housing, or program changes, or negative performance reviews, or reassignments of staff. Resident school reports and any shift notes or comments shall be reviewed, as well. The monitoring shall continue beyond ninety (90) days, if the initial monitoring indicates a continuing need.

The PREA Coordinator stated some of the things he would look for in detecting possible retaliation are changes in resident behaviors, problems at school, and any relevant factors. He confirmed he would monitor the conduct and treatment of residents and staff who report sexual abuse of a resident or were to have suffered sexual abuse for 90 days or until the retaliation ends and the individual reports feeling safe. The Facility Administrator stated if retaliation is suspected close observation, transfers, and housing unit changes are examples of measures that may be taken.

115.367 (d)

JRBH PREA Policy (pg. 99, sect. VII.G, para. 4) states in the case of residents, monitoring shall also include periodic status checks.

The PREA Coordinator confirmed he would use the PREA Protection Against Retaliation form. The form is designed for weekly status checks.

115.367 (e)

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

JRBH PREA Policy (pg. 99, sect. VII.G, para. 4) states in the case of residents, monitoring shall also include periodic status checks.

The PREA Coordinator confirmed he would use the PREA Protection Against Retaliation form. The form is designed for weekly status checks.

115.367 (f)

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

JRBH PREA Policy (pg. 99, sect. VII.G, para. 5) states the facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded.

The PREA Coordinator reviewed JRBH 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. No corrective action is required.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 295">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="229 295 1508 327">Documents:</p> <ol data-bbox="229 327 1508 501" style="list-style-type: none"> 1. JRBH PREA Policy 2. JRBH Isolation Activity Log 3. JRBH PREA Risk Reassessment Form 4. Memo: nonoccurrence of any isolation of a resident who has allegedly suffered sexual abuse 5. JRBH Pre-Audit Questionnaire <p data-bbox="229 524 1508 555">Interview:</p> <ol data-bbox="229 555 1508 586" style="list-style-type: none"> 1. Facility Administrator <p data-bbox="229 609 1508 640">Findings (By Provision):</p> <p data-bbox="229 640 1508 672">Findings:</p> <p data-bbox="229 672 1508 779">PAQ: The facility has a policy that residents who allege to have suffered sexual abuse 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.</p> <p data-bbox="229 779 1508 810">The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p data-bbox="229 833 1508 940">Policy does not allow for a youth to be placed in seclusion unless they are creating an emergency situation in which they have made significant progress towards harming themselves or others. Seclusion is not to be used for the purpose of protecting a resident who is alleged to have suffered sexual abuse.</p> <p data-bbox="229 963 1508 994">The Facility Director confirmed the facility does not use segregated housing in this manner.</p> <p data-bbox="229 1016 1508 1048">Conclusion:</p> <p data-bbox="229 1048 1508 1135">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="240 210 451 237">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 1198 801" style="list-style-type: none"> 1. JRBH PREA Policy 2. Memo: JRBH Criminal and Administrative Investigations are referred to appropriate agencies. 3. Memo: Monroe Police Department 4. Social Services Contract: OJJ & Johnny Robinson's Boys Home 5. OJJ Standard Operating Procedures for Contract Providers (Excerpt) 6. OJJ Youth Safety Guide Phone Numbers 7. DCFS Child Residential Standards Class A 8. DCFS Mandatory Reporter of Child Abuse/Neglect Form 9. JRBH PREA Critical Incident Report 10. Louisiana Children's Code: Mandatory Reporter Law 11. DCFS Standards Concerning Critical Incidents 12. OJJ Confirmation of Investigative Training 13. Monroe Police Department Confirmation of Investigative Training 14. JRBH Pre-Audit Questionnaire <p data-bbox="240 831 363 857">Interviews:</p> <ol data-bbox="240 862 839 1025" style="list-style-type: none"> 1. Facility Administrator 2. PREA Coordinator 3. PREA Compliance Manager 4. Investigative Staff – OJJ 5. Residents who Reported a Sexual Abuse – none present <p data-bbox="240 1055 507 1081">Findings (By Provision):</p> <p data-bbox="240 1086 363 1113">115.371 (a)</p> <p data-bbox="240 1122 1217 1149">PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="240 1178 1477 1406">JRBH PREA Policy (pg. 100, sect. VIII.A, para. 1) states it is the policy of JRBH that all incidents of alleged sexual abuse or sexual harassment be adequately addressed through investigation, and inquiry. The facility refers all suspected incidents of sexual abuse immediately to the appropriate agency for criminal and administrative investigation as specified in Part III Responsive Planning, Sections A. and B. of this chapter. All criminal investigations are referred immediately to the Monroe Police Department. The Louisiana Office of Juvenile Justice and the Louisiana Child Protection Unit are notified as required. JRBH follows strict notification procedures regarding State agencies / placement authority. JRBH refers all incidents to investigating authorities.</p> <p data-bbox="240 1435 1477 1664">JRBH does not conduct sexual abuse investigations. Administrative investigations are conducted by the Louisiana Office of Juvenile Justice and Louisiana Department of Children and Family Services' Child Protection Unit. Criminal investigations are conducted by the Monroe Police Department. JRBH has a MOU with the Monroe Police Department. Based on the review of the Pre-audit questionnaire and related documents, the evidence shows the facility follows this provision of the standard. The Louisiana Office of Juvenile Justice Director of Investigative Services stated investigations are initiated as soon as Investigative Services is notified. He confirmed anonymous and third-party reports of sexual abuse and sexual harassment would be investigated in the same manner as all allegations.</p> <p data-bbox="240 1693 363 1720">115.371 (b)</p> <p data-bbox="240 1729 1477 1823">JRBH PREA Policy (pg. 100, sect. VIII.A, para. 2) states the facility maintains a memorandum of understanding agreement letter on file requesting the Monroe Police Department to adhere to specific requirements regarding sexual abuse investigations and evidence collection procedures involving juvenile victims according to PREA Standards.</p> <p data-bbox="240 1852 1493 1982">A MOU with the Monroe Police Department states the Department's investigators will receive training as required by the standard. An accompanying memorandum states the investigators have been adequately trained to conduct sexual abuse investigations in confinement settings. A memorandum from the Louisiana Office of Juvenile Justice Director of Investigations states Investigative Services has trained investigators available to investigate PREA-related incidents at the facility.</p> <p data-bbox="240 2011 363 2038">115.371 (c)</p> <p data-bbox="240 2047 1406 2141">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>

The Louisiana Office of Juvenile Justice Director of Investigative Services stated the steps taken in initiating an investigation are reviewing incident reports; assigning the case to an investigator; collecting evidence; interviewing the alleged victim, suspected perpetrator, and any witnesses; reviewing camera footage if applicable; and reviewing hotline calls if applicable. If the case were criminal in nature the Ouachita District attorney would be consulted, and the Monroe Police Department would be involved.

115.371 (d)

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

JRBH PREA Policy (pg. 100, sect. VIII.A, para. 4) states no investigation shall be terminated solely because the source of the allegation recants the allegation.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated no investigation shall be terminated solely because the source of the allegation recants the allegation.

115.371 (e)

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

The Louisiana Office of Juvenile Justice Director of Investigative Services stated the Monroe Police Department would conduct criminal investigations and the District Attorney of Ouachita Parish would be responsible for investigations and criminal prosecution.

115.371 (f)

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

JRBH PREA Policy (pg. 100, sect. VIII.A, para. 5) 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 a resident or staff. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated no resident who alleges sexual abuse would be submitted to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation sexual abuse. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and based on the evidence.

115.371 (g)

Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

JRBH PREA Policy (pg. 100, sect. VIII.A, para. 6) states administrative investigations or inquiries 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.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated an investigation would consider whether staff actions or failures to act contributed to the abuse. Investigations of staff actions or failures to act would be documented in a separate report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.371 (h)

Criminal investigations are conducted by the Jefferson County Sheriff's Office. Police reports are documented written reports that contain a thorough description of physical, testimonial, and documentary evidence.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated the format of a criminal report would be in a different format once it is referred to the Ouachita Parish District Attorney.

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: 0

JRBH PREA Policy (pg. 100, sect. VIII.A, para. 1) states all criminal investigations are referred immediately to the Monroe Police Department. The Louisiana Office of Juvenile Justice and the Louisiana Child Protection Unit are notified as required.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated a case would be referred for prosecution as soon as the evidence supports referral. The Ouachita Parish District Attorney would be consulted.

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.

JRBH PREA Policy (pg. 100, sect. VIII.A, para. 2) states all reports shall be retained while the abuser is incarcerated in, or employed by JRBH, plus five years.

The PREA Coordinator confirmed all reports shall be retained while the abuser is incarcerated in, or employed by JRBH, plus five years.

115.371 (k)

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

JRBH PREA Policy (pg. 100, sect. VIII.A, para. 8) states the departure of the alleged abuser or victim from employment or control of JRBH shall not provide a basis for terminating an investigation.

The Louisiana Office of Juvenile Justice Director of Investigative Services stated the departure of an alleged abuser or victim from the employment or control of the facility or agency would not provide a basis for terminating an investigation. The investigation would continue.]

115.371 (m)

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

JRBH PREA Policy (pg. 100, sect. VIII.A, para. 9) states staff shall cooperate with any outside investigators and shall endeavor to remain informed about the progress of the investigation.

Interviews with the Facility Administrator, PREA Coordinator, and the Louisiana Office of Juvenile Justice Director of Investigative Services confirmed there would be ongoing communication between JRBH and the Louisiana Office of Juvenile Justice Investigative Services.

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. JRBH PREA Policy 2. JRBH Pre-Audit Questionnaire 3. Memo: nonoccurrence of any administrative investigative findings <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigator - OJJ <p>Findings:</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>JRBH PREA Policy (pg. 101, sect. VIII.B, para. 1) states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The interview with the Louisiana Office of Juvenile Justice Director of Investigative Services confirmed agency shall impose no standard higher than a preponderance of the evidence.</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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <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. JRBH PREA Policy 2. JRBH Pre-Audit Questionnaire 3. Memo: nonoccurrence of any administrative investigative findings <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigator - OJJ <p>Findings:</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>JRBH PREA Policy (pg. 101, sect. VIII.B, para. 1) states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The interview with the Louisiana Office of Juvenile Justice Director of Investigative Services confirmed agency shall impose no standard higher than a preponderance of the evidence.</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> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. JRBH PREA Policy 2. JRBH Pre-Audit Questionnaire 3. Memo: nonoccurrence of notifications to any resident of sexual abuse 4. JRBH Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Administrator 2. Investigative Staff - OJJ 3. Residents who Reported a Sexual Abuse <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> <ol style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0 2. 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: 0 <p>JRBH PREA Policy (pg. 101, sect. VIII.C, para. 1) states any resident who makes an allegation of sexual abuse shall be informed verbally and in writing following an investigation, as to whether, or not, the allegation was substantiated, unsubstantiated, or unfounded.</p> <p>The Facility Administrator confirmed the facility notifies residents who make an allegation of sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The interview with the Louisiana Office of Juvenile Justice Director of Investigative Services confirmed investigators provide a letter that is signed by the residents and placed in their file.</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>

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0
2. 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: 0

JRBH PREA Policy (pg. 101, sect. VIII.C, para. 2) states the facility shall request all relevant information from the investigating agency in order to inform the resident.

The Louisiana Office of Juvenile Justice Director of Investigative Services confirmed the information would be shared with JRBH in order to inform the resident.

115.373 (c)

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:

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

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.

JRBH PREA Policy (pg. 101, sect. VIII.C, para. 3) states following a resident's allegation that a staff member committed sexual abuse against the resident, the Administrator, or designee shall subsequently inform the resident (unless JRBH has determined that the allegation is unfounded) whenever:

- a. The staff member is no longer assigned within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse within JRBH; or
- d. The staff member has been convicted on a charge related to sexual abuse within the facility.

JRBH uses the Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation to inform residents of the outcome of an investigation. The auditor observed that all aspects of this standard provision are included on the notification form.

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:

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.

JRBH PREA Policy (pg. 101, sect. VIII.C, para. 4) states following a resident's allegation that he has been sexually abused by another resident, the alleged victim shall be subsequently informed whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse; or
- b. The alleged abuser is adjudicated on a charge related to sexual abuse.

JRBH uses the Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation to inform residents of the outcome of an investigation. The auditor observed that all aspects of this standard provision are included on the notification form.

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:

1. The number of notifications to residents that were made pursuant to this standard: 0
2. The number of those notifications that were documented: 0

JRBH PREA Policy (pg. 101, sect. VIII.C, para. 5) states all such notifications or attempted notifications shall be documented.

JRBH uses the Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation to inform residents of the outcome of an investigation. The auditor reviewed the notification form for verification.

115.373 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

JRBH PREA Policy (pg. 101, sect. VIII.C, para. 6) states the facility's obligation to report under this standard shall terminate if

the resident is released from the facility's custody.

The interview with the Louisiana Office of Juvenile Justice Director of Investigative Services confirmed JRBH would not be obligated to notify a resident if the resident is released from custody.

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 1420 465" style="list-style-type: none"> 1. JRBH PREA Policy 2. Memo: nonoccurrence of staff terminations, resignations or sanctions against staff; Nonoccurrence of reports to law enforcement for any violations of sexual abuse or sexual harassment policies 3. JRBH Pre-Audit Questionnaire <p data-bbox="242 497 679 526">Observations during onsite review of facility</p> <p data-bbox="242 555 501 584">Findings (by provision):</p> <p data-bbox="242 589 360 618">115.376 (a)</p> <p data-bbox="242 622 1449 680">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="242 710 1458 770">JRBH PREA Policy (pg. 101, sect. VIII.D, para. 1) states staff shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.</p> <p data-bbox="242 799 807 828">JRBH policy is inclusive of this provision of the standard.</p> <p data-bbox="242 857 360 887">115.376 (b)</p> <p data-bbox="242 891 467 920">In the past 12 months:</p> <ol data-bbox="242 925 1481 1021" style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. 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: 0 <p data-bbox="242 1050 1449 1111">JRBH PREA Policy (pg. 101, sect. VIII.D, para. 2) states termination of employment shall be the presumptive disciplinary sanction for any JRBH staff who have engaged in sexual abuse.</p> <p data-bbox="242 1140 360 1169">115.376 (c)</p> <p data-bbox="242 1173 1477 1337">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. 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 1366 1490 1494">JRBH PREA Policy (pg. 101, sect. VIII.D, para. 3) states disciplinary sanctions for violations of JRBH policies relating to 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 1523 360 1552">115.376 (d)</p> <p data-bbox="242 1556 1493 1720">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. 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 1749 1485 1877">JRBH PREA Policy (pg. 101, sect. VIII.D, para. 4) states all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy, shall be reported to the Monroe Police Department, unless the activity is clearly not criminal. In addition, it shall be reported to any relevant placement and licensing authorities.</p> <p data-bbox="242 1906 376 1935">Conclusion:</p> <p data-bbox="242 1939 1466 2000">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	<p>Corrective action for contractors and volunteers</p> <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. JRBH PREA Policy 2. Memo: No reports of sexual abuse or harassment of residents by any volunteers or contractors. No investigative reports or referrals to law enforcement or relevant licensing bodies. No remedial measures had to be taken. 3. Volunteer/Contractor Confirmation of Receipt of PREA 4. Volunteer/Contractor Notice of Zero Tolerance Policy 5. JRBH Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Facility Administrator <p>Findings (by provision):</p> <p>115.377 (a)</p> <p>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>JRBH PREA Policy (pg. 101, sect. VIII.E, para. 1) states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents, and will be reported to the Monroe Police Department, unless the activity is clearly not criminal. In addition, the incident shall be reported to the Louisiana Office of Juvenile Justice and the Louisiana Department of Children and Family Services.</p> <p>115.377 (b)</p> <p>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>JRBH PREA Policy (pg. 101, sect. VIII.E, para. 2) states the administrator shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents in the case of any other violation of the sexual harassment policy by a contractor or volunteer.</p> <p>The Facility Administrator confirmed the facility would take appropriate remedial measures, and prohibit further contact with residents.</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 corrective action for contractors and volunteers. No corrective action is required.</p>
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115.378	Interventions and disciplinary sanctions for 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. JRBH PREA Policy 2. 2020 Annual PREA Data Review 3. Memo: nonoccurrence of resident sexual misconduct with staff; no investigative reports or documentation of any sanctions; no disciplinary actions taken against resident for sexual misconduct with any staff member. 4. JRBH Isolation Activity Log 5. JRBH Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Facility Administrator <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. 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> <ol style="list-style-type: none"> 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 <p>JRBH PREA Policy (pg. 102, sect. VIII.F, para. 1) states a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse. Such discipline shall be in accordance with the facility's policies as deemed appropriate under the circumstances. JRBH does not utilize isolation to discipline residents.</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> <ol style="list-style-type: none"> 1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0 2. 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 3. 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>JRBH PREA Policy (pg. 102, sect. VIII.F, para. 2) states any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the extreme event a disciplinary sanction results in the isolation of a resident, JRBH shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Any use of isolation shall comply with 28 C.F.R. §115.342.</p> <p>The Facility Administrator confirmed any disciplinary sanctions would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. JRBH does not use isolation as a disciplinary sanction.</p> <p>115.378 (c)</p> <p>When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of</p>

sanction, if any, should be imposed.

JRBH PREA Policy (pg. 102, sect. VIII.F, para. 3) states the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Facility Administrator confirmed the disciplinary process would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.378 (d)

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.

JRBH PREA Policy (pg. 102, sect. VIII.F, para. 4) states the facility shall also consider whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other rewards-based incentives, but not as a condition to access to general programming or education.

The LCSW confirmed if a resident were to commit sexual abuse, a follow-up meeting is offered with therapy, counseling, and other interventions designed to correct the underlying reasons for the abuse. Also, the facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other rewards-based incentives, but not as a condition to access to general 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.

JRBH PREA Policy (pg. 102, sect. VIII.F, para. 5) states the facility may discipline a resident for sexual contact with staff only upon 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.

JRBH PREA Policy (pg. 102, sect. VIII.F, para. 6) 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.

JRBH PREA Policy (pg. 102, sect. VIII.F, para. 7) states the facility prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action. Any form of sexual abuse will result in termination from the program.

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. JRBH PREA Policy 2. JRBH Screening for Risk of Sexual Victimization and Abusiveness 3. JRBH Individualized Treatment Plan 4. Memo: No consent documentations for residents over the age of 18. No medical staff employed at the facility. 5. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Mental Health Staff 3. Residents who Disclose Sexual Victimization at Risk Screening <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>JRBH PREA Policy (pg. 102, sect. IX.A, para. 1) states any resident who indicates during initial screening pursuant to § 115.341 that they were a victim, or perpetrator of sexual abuse shall be offered a follow-up visit with Dr. Kermit Walters for medical health screening and evaluation within 14 days of the intake screening.</p> <p>One resident was identified as indicating experiencing prior sexual victimization during risk screening. He stated he received a follow-up meeting within 14 days. The Administrative assistant responsible for performing screening for risk of victimization and abusiveness confirmed if a screening indicates a resident has experienced prior sexual victimization they are offered a follow-up meeting with a medical 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>JRBH PREA Policy (pg. 102, sect. IX.A, para. 2) states a resident identified as having experienced prior sexual victimization, or identified as a prior sexual perpetrator, shall attend designated therapy sessions with Victoria Wallace, LCSW and Bill Caldwell, LCSW with JRBH, as part of their treatment plan 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>JRBH PREA Policy (pg. 102, sect. IX.A, para. 3) 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> <p>The auditor observed the facility's file room. The files are secured in a locked cabinet behind a locked door. The files have a list of individuals that have access to them. Interviews with the Administrative Assistant and PREA Coordinator confirmed the information is limited to only certain facility staff, including the PREA Coordinator, designated administrative staff, direct care supervisory staff, and the LCSW.</p> <p>115.381 (d)</p> <p>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.</p>

JRBH PREA Policy (pg. 102, sect. IX.A, para. 4) states medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

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 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 1129 667" style="list-style-type: none"> 1. JRBH PREA Policy 2. JRBH PREA Protocol 3. JRBH First Responder Guidelines for a Sexual Abuse Incident at JRBH 4. State of Louisiana Office of Family Security Authorization for Emergency Medical Care 5. Memo: LCSW 6. Memo: Wellspring Alliance for Families 7. Memo: Ouachita Parish Coroner's Office 8. Memo: Victoria Wallace, LCSW 9. ACT NO. 229 - Louisiana Law 10. JRBH Pre-Audit Questionnaire <p data-bbox="240 698 363 725">Interviews:</p> <ol data-bbox="240 730 679 824" style="list-style-type: none"> 1. Mental Health Staff 2. Residents who Reported a Sexual Abuse 3. Staff First Responders <p data-bbox="240 855 528 882">Site Review Observations:</p> <p data-bbox="240 887 761 913">Observations during on-site review of physical plant</p> <p data-bbox="240 945 504 972">Findings (By Provision):</p> <p data-bbox="240 976 360 1003">115.382 (a)</p> <p data-bbox="240 1008 1481 1240">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 data-bbox="240 1245 1481 1509">JRBH PREA Policy (pg. 102, sect. IX.B, para. 1) states resident victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Emergency medical treatment shall be provided through St. Francis Medical Center. Mental health services shall be provided by Victoria Wallace, LCSW and Bobbie Caldwell, JRBH staff LCSW. Residents shall be provided with access to an outside victim advocate for emotional support through a memorandum of understanding with Wellspring Alliance for Families which offers victim advocate and rape crisis services. Administrator Matt Robinson is a trained staff member who may also fulfill the role of victim advocate, if needed.</p> <p data-bbox="240 1536 1493 1666">JRBH has a MOU with the Ouachita Parish Coroner's Office. The MOU specifies the St. Francis Medical Center Emergency Room as the location for emergency medical treatment. The facility also has a MOU with Wellspring Alliance for Families for crisis intervention services. The interview with the JRBH LCSW confirmed the nature and scope of mental health services are determined according to her professional judgement.</p> <p data-bbox="240 1693 360 1720">115.382 (b)</p> <p data-bbox="240 1724 1481 1823">PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p data-bbox="240 1827 1461 1926">JRBH PREA Policy (pg. 102, sect. IX.B, para. 2) states if a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to §115.362, and shall immediately follow proper protocol as described in Chapter 17, VII. E.</p> <p data-bbox="240 1953 1481 2083">Staff First Responders would follow the JRBH PREA Protocol and the First Responder Guidelines for a Sexual Abuse Incident when responding to a report of recent sexual abuse. They are instructed to call 911 if emergency medical response is required. Interviews with Staff First Responders confirmed they are knowledge of the established protocol. Additionally, they carry PREA Protocol Wallet/Pocket Cards for reference.</p> <p data-bbox="240 2110 360 2136">115.382 (c)</p>

PAQ: Resident victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials 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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. JRBH PREA Policy (pg. 102, sect. IX.B, para. 3) states resident victims of sexual abuse while in custodial care shall be offered, timely information about and timely access to, emergency medical care which includes sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

JRBH has a MOU with the Ouachita Parish Coroner's Office. The MOU provides for emergency medical services at St. Francis Medical Center. Sexually transmitted infections prophylaxis would be offered through the St. Francis Medical Center Emergency Room or with Dr. Kermit Walters with Urban Medical Clinic, Inc.

115.382 (d)

PAQ: 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.

JRBH PREA Policy (pg. 102, sect. IX.B, para. 4) 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 decrees that treatment services shall be provided to the victim without financial cost.

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. JRBH PREA Policy 2. Memo: Wellspring Alliance for Families 3. Memo: Ouachita Parish Coroner's Office 4. State of Louisiana Office of Family Security Authorization for Emergency Medical Care 5. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Mental Health Staff 2. Residents who Reported a Sexual Abuse <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.383 (a) 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>JRBH PREA Policy (pg. 103, sect. IX.C, para. 1) states a medical and mental health evaluation and, as appropriate, treatment will be offered to all residents who have been victimized by sexual abuse while in custodial care.</p> <p>JRBH does not employ medical staff. Medical services are provided offsite at St. Francis Medical Center and with Dr. Kermit Walters with Urban Medical Clinic, Inc. The facility does employ a LCSW. The LCSW's office is centrally located and she is available to the residents as needed.</p> <p>115.383 (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>JRBH PREA Policy (pg. 103, sect. IX.C, para. 2) 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 LCSW confirmed evaluation and treatment of victims would 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>115.383 (c) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>JRBH does not house female residents.</p> <p>115.383 (d) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>JRBH does not house female residents.</p> <p>115.383 (e) PAQ: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>JRBH PREA Policy Section IX, C, Paragraph 4, Page 103 states resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate either through St. Francis Medical Center, or Dr. Kermit Walters.</p> <p>St. Francis Medical Center confirmed tests for sexually transmitted infections would be offered.</p> <p>115.383 (f)</p>

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

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

JRBH PREA Policy (pg. 103, sect. IX.C, para. 4) states resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate either through St. Francis Medical Center, or Dr. Kermit Walters.

St. Francis Medical Center confirmed tests for sexually transmitted infections would be offered.

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.

JRBH PREA Policy (pg. 103, sect. IX.C, para. 5) 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.

JRBH PREA Policy (pg. 103, sect. IX.C, para. 6) states the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by Victoria P. Wallace, LCSW with Northeast Delta Human Services and Bill Caldwell, staff LCSW at JRBH.

The LCSW confirmed she would initiate a referral to Victoria P. Wallace, LCSW with Northeast Delta Human Services. She stated the referral would be made within two days and when they are court ordered to receive sex offender treatment.

Conclusion:

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

115.386	Sexual abuse incident reviews
	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. JRBH PREA Policy 2. JRBH PREA Critical Incident Report Form 3. JRBH Critical Incident Debriefing Form 4. JRBH PREA Critical Incident Review Form 5. JRBH Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Administrator 2. PREA Coordinator 3. Incident Review Team <p>Findings (by provision):</p> <p>115.386 (a)</p> <p>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>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: 0</p> <p>JRBH PREA Policy (pg. 103, sect. X.A, para. 1) states the review team 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.</p> <p>115.386 (b)</p> <p>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>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: 0</p> <p>JRBH PREA Policy (pg. 103, sect. X.A, para. 2) states such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.</p> <p>115.386 (c)</p> <p>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>JRBH PREA Policy (pg. 103, sect. X.A, para. 3) states the review team shall include the Administrator, PREA Coordinator, social worker and a direct care supervisor, along with input from direct care workers, and any law enforcement or administrative investigators, as needed.</p> <p>The interview with the Facility Administrator confirmed the incident review team would include upper level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>115.386 (d)</p> <p>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 coordinator.</p> <p>JRBH PREA Policy (pg. 103, sect. X.A, para. 4) states the review team shall:</p> <ol style="list-style-type: none"> a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. Assess the adequacy of staffing levels in that area during different shifts;

e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
f. Prepare a report of its findings, including by not necessarily limited to determinations made pursuant to paragraphs (4) (a)-(d) and (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

JRBH PREA Policy (pg. 103, sect. X.A, para. 6) states a copy of the review report shall be forwarded to the PREA Coordinator.

The interview with the PREA Coordinator/Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard.

The auditor reviewed the PREA Critical Incident Review Form.

115.386 (e)

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

JRBH PREA Policy (pg. 103, sect. X.A, para. 5) states the administration shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The PREA Coordinator confirmed the incident review team makes recommendations for improvement and any reasons for not implementing the recommendations would be documented. He reported the facility has not noticed any trends due to the absence of substantiated 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 sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	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="242 306 376 329">Documents:</p> <ol data-bbox="242 338 1220 533" style="list-style-type: none"> 1. JRBH PREA Policy 2. JRBH PREA Annual Data Review 3. PREA Critical Incident Form 4. Survey of Sexual Victimization, Substantiated Incident Form (Juvenile) 5. Survey of Sexual Victimization, Locally or Privately-Operated Juvenile Facilities Summary Form 6. JRBH Pre-Audit Questionnaire <p data-bbox="242 564 376 586">Site Review:</p> <p data-bbox="242 595 678 622">Observations during onsite review of facility</p> <p data-bbox="242 654 501 680">Findings (by provision):</p> <p data-bbox="242 689 360 712">115.387 (a)</p> <p data-bbox="242 721 1436 846">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="242 878 1452 936">JRBH PREA Policy (pg. 104, sect. X.B, para. 1) states the administrative assistant 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="242 967 1460 1025">The auditor reviewed the PREA Critical Incident Form and Survey of Sexual Victimization, Substantiated Juvenile Incident Form for verification.</p> <p data-bbox="242 1057 360 1079">115.387 (b)</p> <p data-bbox="242 1088 1094 1115">PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 1146 1484 1205">JRBH PREA Policy (pg. 104, sect. X.B, para. 4) states the administrative assistant shall aggregate the incident-based sexual abuse data, at least, annually.</p> <p data-bbox="242 1236 667 1263">The auditor reviewed the aggregated data.</p> <p data-bbox="242 1294 360 1317">115.387 (c)</p> <p data-bbox="242 1326 1481 1384">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 1415 1476 1509">JRBH PREA Policy (pg. 104, sect. X.B, para. 3) states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p data-bbox="242 1541 1460 1599">The auditor reviewed the PREA Critical Incident Form and Survey of Sexual Victimization, Substantiated Juvenile Incident Form for verification.</p> <p data-bbox="242 1630 360 1653">115.387 (d)</p> <p data-bbox="242 1662 1455 1724">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 1733 1492 1792">JRBH PREA Policy (pg. 104, sect. X.B, para. 4) states the administrative assistant 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 1823 1460 1881">The auditor reviewed the PREA Critical Incident Form and Survey of Sexual Victimization, Substantiated Juvenile Incident Form for verification.</p> <p data-bbox="242 1912 360 1935">115.387 (e)</p> <p data-bbox="242 1944 1420 2007">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 2011 1460 2074">JRBH PREA Policy (pg. 104, sect. X.B, para. 5) states JRBH does not contract with outside facilities for confinement of its residents from which to obtain any additional data.</p> <p data-bbox="242 2101 1029 2128">JRBH does not contract with other facilities for the confinement of its residents.</p>

115.387 (f)

JRBH PREA Policy (pg. 104, sect. X.B, para. 6) states upon request, JRBH shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The U.S. Department of Justice Bureau of Justice Statistics requested JRBH to complete the Survey of Sexual Victimization, 2020 locally or Privately-Operated Juvenile Facilities Summary Form. The auditor reviewed the completed summary 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 data collection. No corrective action is required.

115.388	Data review for corrective action
	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="242 306 376 329">Documents:</p> <ol data-bbox="242 338 608 432" style="list-style-type: none"> 1. JRBH PREA Policy 2. JRBH Annual PREA Data Review 3. JRBH Pre-Audit Questionnaire <p data-bbox="242 463 363 486">Interviews:</p> <ol data-bbox="242 495 456 555" style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator <p data-bbox="242 586 379 609">Site Review:</p> <p data-bbox="242 618 679 645">Observations during onsite review of facility</p> <p data-bbox="242 676 501 703">Findings (by provision):</p> <p data-bbox="242 712 360 739">115.388 (a)</p> <p data-bbox="242 748 1386 808">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 data-bbox="242 817 1453 943" 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 data-bbox="242 974 1453 1066">JRBH PREA Policy (pg. 104, sect. X.C, para. 1) states the PREA Coordinator shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices and training including:</p> <ol data-bbox="242 1075 1158 1169" style="list-style-type: none"> a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for the facility as a whole. <p data-bbox="242 1200 1493 1357">The auditor reviewed the JRBH Annual PREA Data Review. The data review included the requirements of this provision. The agency head confirmed the facility would use incident-based sexual abuse data to take corrective actions on an ongoing basis. The PREA Coordinator confirmed the facility 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. The data is securely retained in a locked file cabinet and JRBH takes corrective action on an ongoing basis based on the data.</p> <p data-bbox="242 1388 360 1415">115.388 (b)</p> <p data-bbox="242 1424 1469 1485">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 data-bbox="242 1516 1493 1608">JRBH PREA Policy (pg. 104, sect. X.C, para. 2) states such reports 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 facility's progress in addressing sexual abuse.</p> <p data-bbox="242 1639 1485 1700">The auditor reviewed the JRBH Annual PREA Data Review. The report included a comparison of current data and corrective actions with those from previous years and provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="242 1731 360 1758">115.388 (c)</p> <p data-bbox="242 1767 1355 1827">PAQ: The agency makes its annual report readily available to the public at least annually upon request from the administrative office. The annual reports are approved by the agency head.</p> <p data-bbox="242 1859 1461 1919">JRBH PREA Policy (pg. 104, sect. X.C, para. 3) states the report shall be approved by the Administrator and made readily available to the public by request from the JRBH office. A copy of the report shall be forwarded to the PREA Coordinator.</p> <p data-bbox="242 1951 1493 2011">The Agency Head confirmed he approves the JRBH Annual PREA Data Review and the report is available upon request from the administrative office.</p> <p data-bbox="242 2042 360 2069">115.388 (d)</p> <p data-bbox="242 2078 1477 2157">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.</p>

JRBH PREA Policy (pg. 104, sect. X.C, para. 4) states the facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the 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
	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. JRBH PREA Policy 2. JRBH PREA Annual Data Review 3. JRBH Pre-Audit Questionnaire <p>Site Review:</p> <p>Observations during onsite review of facility</p> <p>Findings (by provision):</p> <p>115.389 (a)</p> <p>PAQ: The agency ensures that incident-based and aggregate data are securely retained. 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>JRBH PREA Policy (pg. 104, sect. X.D, para. 1) states the facility shall ensure that data collected pursuant to §115.387 is securely retained.</p> <p>The PREA Coordinator confirmed JRBH reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. He confirmed the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the data.</p> <p>115.389 (b)</p> <p>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.</p> <p>JRBH PREA Policy (pg. 104, sect. X.D, para. 2) states the facility shall make all sexual abuse data readily available to the public annually. Current copies are provided and made available in the receiving area of the facility. All phone requests for annual data should be directed to the JRBH office.</p> <p>The auditor observed copies of the JRBH PREA Annual Data Review available on the credenza in the foyer of the main building.</p> <p>115.389 (c)</p> <p>PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>JRBH PREA Policy (pg. 104, sect. X.D, para. 3) states before making sexual abuse data publicly available, the facility shall remove all personal identifiers.</p> <p>The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p>115.389 (d)</p> <p>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>JRBH PREA Policy (pg. 104, sect. X.D, para. 4) states the facility shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection.</p> <p>The review of the policy confirmed JRBH maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection.</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 data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. JRBH Pre-Audit Questionnaire 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility <p>Findings:</p> <p>During the three-year period starting on August 20, 2013, and the current audit cycle, Johnny Robinson's Boys Home was audited each audit cycle.</p> <p>The auditor was given access to, and the ability to observe, all areas of Johnny Robinson's Boys Home. 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>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 frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="229 295 1509 470" style="list-style-type: none"> 1. JRBH Pre-Audit Questionnaire 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p data-bbox="229 470 1509 510">Findings:</p> <p data-bbox="229 510 1509 591">All audit reports are provided and made available in the receiving area of the facility. All phone requests for annual data should be directed to the JRBH office.</p> <p data-bbox="229 591 1509 631">Conclusion:</p> <p data-bbox="229 631 1509 728">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.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
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.)	na
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".)	na

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.)	na
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.)	na

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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
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.)	na
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.)	yes

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))	yes
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).)	na

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).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
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).)	na
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.)	na
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.	yes
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).)	na
	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).)	na

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.)	na
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