

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report May 31, 2019

Auditor Information

Name: Charmene Griffin	Email: gthree6@icloud.com
Company Name:	
Mailing Address: 673 Covered Bridge Pkwy. Apt. E	City, State, Zip: Prattville, AL 36066
Telephone: 251-295-1200	Date of Facility Visit: April 1-2, 2019

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
AMIKIDS		AMIKIDS	
Physical Address: 5915 Benjamin Center Drive		City, State, Zip: Tampa, FL 33634	
Mailing Address: 5915n Benjamin Center Drive		City, State, Zip: Tampa, FL 33634	
Telephone: 813-887-3300		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: AMIkids' mission is to protect public safety and positively impact as many youth as possible through efforts of a diverse and innovative staff. AMIkids works in partnership with youth agencies, local communities and families. AMIkids is a non-profit organization dedicated to helping you develop into responsible and productive citizens.			
Agency Website with PREA Information: www.amikids.org			

Agency Chief Executive Officer

Name: Mike Thorton	Title: Chief Executive Officer
Email: Mike.thorton@amikids.org	Telephone: 813-887-3340

Agency-Wide PREA Coordinator

Name: Wendel Watson	Title: Regional Director/PREA Coordinator
Email:	Telephone: 321-863-1497
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator

Facility Information

Name of Facility: AMIKIDS Acadania Campus			
Physical Address: 611 Celestine la Tortue Rd., Branch, LA 70516			
Mailing Address (if different than above):			
Telephone Number: 337-334-4838			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input checked="" type="checkbox"/> Other
Facility Mission:			
Facility Website with PREA Information:			
Is this facility accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Facility Administrator/Superintendent

Name: Eric Jolivette	Title: Executive Director
Email: acadiana-pm@amikids.org	Telephone: 337-334-4838

Facility PREA Compliance Manager

Name: Charmona Henry	Title: Case Manager/PREA Compliance Coordinator
Email: acadania-cm4@amikids.org	Telephone: 334-337-4838

Facility Health Service Administrator

Name:	Title:
Email:	Telephone:

Facility Characteristics

Designated Facility Capacity: 36	Current Population of Facility: 34
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Number of residents admitted to facility during the past 12 months		
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		5
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	12-18	
Average length of stay or time under supervision:		6-9 Months
Facility Security Level:		Non-secure
Resident Custody Levels:		Low-moderate risk
Number of staff currently employed by the facility who may have contact with residents:		38
Number of staff hired by the facility during the past 12 months who may have contact with residents:		20
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0
Physical Plant		
Number of Buildings: 5		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		3
Number of Segregation Cells (Administrative and Disciplinary):		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>Video cameras are in each of the three dorms. Cameras provide viewing in the living and sleeping areas and the entrance to the residents' entrance to the bathroom and shower area. The video is streamed to the computer of the facility's Executive Director's computer.</p>		
Medical		
Type of Medical Facility:		N/A
Forensic sexual assault medical exams are conducted at:		Local hospital through Heart of Hope Rape Crisis Center
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

Audit Findings

Audit Narrative

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

My name is Charmene Griffin and I was contacted by AMIKids-Acadiana, located in Branch, Louisiana and asked to perform their second PREA Audit. Having conducted their first audit I accepted and the Facility PREA Coordinator and I began to discuss a date for the audit. It was decided that the audit would be conducted on March 25 and 26. We discussed the process and the information I would need during the pre-onsite visit and the PREA Coordinator provided the necessary documents in a timely manner.

During the pre-onsite period I shared an example of a poster with the Facility's PREA Coordinator which contained all of the required information needed, including auditor contact information, prior to the on-site visit. The PPREA Coordinator confirmed that there were announcements posted in various locations at the facility, including all student dorms informing them of the pending audit.

I also received the facility's PRE-Audit Questionnaire along with the jump drive that contained facility PREA Policies and examples of supporting documentation for my review. Utilizing the Auditor Compliance Tool, I began reviewing the document and requested any additional information or documents to assist with clarifying and/or completing the Pre-Audit Questionnaire, as well as, the Auditor Compliance Tool. Again, the Facility's PREA Coordinator was extremely helpful and provided any requested information or documents requested in a timely manner.

During this period I also contacted Just Detention International to request a review of their database for nay reports regarding the AMIkids-Acadiana facility in Branch, LA. After a review of their database it was reported that they had not received any information regarding the facility.

I also contacted the Office of Juvenile Justice (OJJ) in Louisiana to confirm the facility's use of their Field Investigators to investigate any student grievance/ allegation of sexual assault or abuse reported by the facility. The Director of Investigative Services confirmed this and was very forthcoming with discussing specific training provided. He also confirmed that the most recent training session was conducted on January 2019.

The Rape Crisis Center, Hearts of Hope (HOH), was also contacted. It was confirmed that there was a continued agreement between them and the AMIkids-Acadiana Facility to provide any student who might be a victim of sexual abuse/assault services. These services would include being offered access to forensic exams, a victim advocate and counseling services.

The onsite visit began on April 1. The auditor and the facility PREA Coordinator agreed to the new date due to unexpected changes in the facility's and auditor's schedule.

Upon arrival at the facility I was greeted by the Facility PREA Compliance Coordinator who directed me to the facility's conference room where I would be working and I was given time to set up my computer and

materials to begin the first days audit. After doing this I informed the Coordinator that I was prepared to opening introductions and discuss my schedule for the onsite visit.

The Coordinator introduced me to the facility's Executive Director, two of the three facility's Case Managers, and one of the facility's Shift Supervisors. The facility's Business Manager/Coach Trainer was not present at this time. After introductions were completed I discussed the schedule for the onsite audit and assured the administrative staff that I would be as unobtrusive and possible and respectful of their schedules. I explained that I was there to confirm that PREA Standards were in practice by observation and interviews and answer any questions or concerns they may have with any of the PREA Standards and best practices. It was also confirmed at this time that there had been no grievances/allegations of sexual abuse during the past twelve months.

I then shared with the group my schedule for the two day audit. On day one I explained that I would like to conduct the onsite walk through of the facility first, viewing dorms, classrooms, recreation areas and cafeteria, followed by interviewing some of the administrative staff. After the interviews of administrative I advise the group that I would spend the majority of the day reviewing policies and accompanying supporting documents and forms used for students' files, as well as, samples of training materials/records for staff and students, including any specialized staff. I also had a list of specific documents that I wanted to review resulting from questions prompted by the Auditor Compliance Tool that required some discussion.

I then discussed my schedule for the second day of the audit, which would be composed of my interviewing staff and students. I further explained that I would provide a list of specific students/staff members that I would need to interview and that some would be random interviews based on my list of student and staff rosters. This concluded the opening remarks and discussion.

During the site review I noticed that the grounds are well maintained and organized. I observed posted notifications of the pending audit throughout the buildings and posted signs requiring female staff to acknowledge their presence prior to entering any dorm. There was adequate space for residents to exercise, including space a basketball court. The cafeteria is located next to the administrative building and this building is also used to conduct group and training sessions. There are buildings that were previously used for carpentry classes but the facility is currently without a teacher so the building is currently not being used for any classes. There was one large building that contains the resident living units and a separate building where educational classes are conducted. With the facility being located in a rural area, it has a very picturesque view of wooded areas and has a very private and serene feel.

I was informed by the Executive Director at the end of the tour that the facility was expecting a new intake on that day and I was excited to have the opportunity to observe the intake process. Unfortunately the new intake did not arrive as scheduled.

The second day of the audit began with a review of a random sampling of student files. I reviewed files of residents who had been at the facility for a range of three weeks to three months, a range of six to nine months, and a range of 11 months to two and a half years. I also reviewed file of a resident who was no longer at the facility. I reviewed files to verify the timely screening of new intakes, their receipt of PREA Education/Training, and the use of the forms that assist with housing placement. I also reviewed materials that are available for non-English speaking residents and training and materials used for the continuing education for students on PREA policies and procedures for reporting.

After completing my review of student files it was noted that there were no residents present fitting the criteria of a Required Targeted Interview. I then chose five residents with varying times of having resided at the facility and then chose five residents at random to formally interview. I advised the PREA Coordinator of the residents I would need to interview and they were presented individually. A total of ten resident interviews were conducted. My requirements as a mandatory reporter were explained to each resident

before the interview began. There were also several residents who wanted to be a part of the interviews. I spoke with these residents informally but also advised them of my responsibility as a mandatory reporter prior to our conversations.

Upon completion of the student interviews were completed I conducted interviews with some direct care staff representing all shifts, teachers and food service personnel began. Initially all were asked to explain their positions and their responsibilities as a First Responder. As a whole, all were well aware of their roles and also aware of all the agencies that would be involved should a resident report a grievance/allegation of sexual abuse or sexual assault. (It should be noted at this time the AMIKids-Acadania Facility considers all grievances of sexual abuse/assault as an allegation and the procedures for reporting and investigation policy and procedures are initiated upon receipt of a grievance of this nature.) It was apparent that staff has been well trained on keeping residents safe and providing emotional support in such an incident, as all stressed the importance of going into one-on-one coverage with the alleged victim immediately.

The second day also included interviewing more of the administrative staff and specialized staff. The Business Manager/Coach Trainer, the facility's nurse, a newly hired Case Manager, a shift supervisor, and two of the four teachers were interviewed, the remaining teachers were with students during an activity, and the Food Service Supervisor were also interviewed. I was also able to interview an LCSW from the Office of Juvenile Justice, who conducts counseling services for the facility.

Facility Characteristics

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

AMIKids-Acadania Campus is a private, not for profit, long term residential program located in Branch, Louisiana serving an all-male population between the ages of 14-18. The residents of the facility are placed there by Louisiana's Office of Juvenile Justice (OJJ) typically for non-violent offenses. The facility has a capacity of thirty-six residents. There are twenty-three Direct Care Staff positions and three Shift Supervisors Positions.

The residents are housed in three inter-connecting housing units. Each housing unit accommodates twelve residents and each has main living areas, sleeping area with bunk beds and shower/bathroom area. Staff members are stationed at a central location with views of the living and sleeping areas and the entrance to the bathroom and shower areas. There are also cameras located in the main living areas and sleeping areas that provide video directly to the computer of the Executive Director. The living units contain large bulletin boards that contain all pertinent information required by PREA Standards as observed by the auditor. The sleeping areas are decorated with local football themed bedding representing local pro and college football teams and a monogrammed blanket for each resident.

There is a designated area at the entrance to the shower and bathroom area where only male staff members are present during showers and when a resident requests to go to the bathroom. Due to the

design of the area any student in one of the shower stalls, to the left of the entrance, can observe the staff member while the staff has a visual of only the residents head and legs. Commode stalls are to the right of the entrance.

There are a total of five teachers with one acting as Lead Instructor. Subjects offered are social studies, math, and science. There is also an Independent Living /Skills Instructor. These classes include instruction in budgeting, interview techniques and filling out job applications, for example. Residents are also afforded the opportunity to work towards their high school diploma or GED and/or participate in a vocational program in food service which allows residents to earn Serv Safe Certifications from National Restaurant Associations and local restaurant associations.

The facility programming attempts help each resident discover their potential and identify each resident's individual issues and present them with solutions to help them overcome them.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 7

115.315, 317, 331, 333, 361, 362, 365

Number of Standards Met: 34

115.311, 312, 313, 316, 318, 321, 322, 332, 334, 335, 341, 351, 352, 353, 354, 363, 364, 366, 367, 368, 371, 372, 373, 376, 377, 378, 381, 382, 383, 386, 384, 388, 389

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

No corrective actions needed.

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The agency does have a policy mandating zero tolerance of sexual abuse and harassment that outlines the agency's approach to preventing, detecting and responding to this type of conduct. There is an agency level PREA Coordinator and each facility has a designated PREA Compliance Coordinator. Compliance was confirmed during interview with the facility's PREA Compliance Coordinator who confirmed having adequate time to fulfill and oversee the facility's efforts to comply with PREA Standards and coordinate training of staff and students as well. Policy 6.11/115.311

The auditor is satisfied that the facility meets this standard.

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

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency does not contract with other agencies or entities for the confinement of its residents.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

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

115.313 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy 6.13/115.313 requires that the ratio of 1:6 during resident waking hours and 1:12 during resident sleeping hours. Policy also requires that unannounced rounds be conducted by at least one of the following: Director of Operations, Director of Treatment, Executive Director or Director of Education, as well as, Shift Supervisors. This is required to be documented on the PREA Shift Observation Form and in the facility log book. Policy also requires that rounds be conducted on day and night shifts. Video monitoring is also available and is directed transmitted to the Executive Director's computer and facility cell phone. The policy further prohibits staff from alerting staff of unannounced rounds.

The auditor is satisfied that the facility meets this standard.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

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

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy prohibits cross-gender pat down searches and cross-gender visual body cavity searches. All staff are trained on how to conduct cross-gender pat down searches in a professional and respectful manner and would give transgender and intersex residents the opportunity to choose a male or female to conduct the pat down search.

Facility policy prohibits opposite gender staff members from viewing residents while showering or performing bodily functions. Opposite gender staff is required to announce themselves prior to entering the resident dorms.

These practices were confirmed during the auditor's interviews with residents. All residents acknowledged that female staff members announce themselves before entering the dorms and that they liked that only male staff member supervised the showers and bathroom breaks. They particularly liked that while showering they could maintain visual contact with the male staff member and that the male staff member could only see their head and feet while they showered. Two of the residents stated they were asked by staff if they felt comfortable showering with another resident in a stall next to them and, if not, were given the option to shower in the area without another resident being in another stall. Another resident comment during the interview, "I don't worry about anything happening while I shower or use the bathroom because a male staff is always there but it still gives us privacy." Several residents stated they felt comfortable while sleeping in the bunk bed area as well, "because is always there." The auditor feels that this exceeds the standard due to resident comments and due to this practice being confirmed by the staff as well. The staff actions have made the residents feel safe and secure at a time when they might have felt the most vulnerable.

The auditor is satisfied that the facility exceeds this standard.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No

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

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Facility provides that residents with disabilities and who are limited English proficient will have access to PREA information materials in their native language, written and verbal or via audio communication. Interpreter staff will be made available for deaf residents with the exception in circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. Policy stipulates that it be documented in the daily shift log when a resident interpreter or other types of resident assistance is required. Policy 6.16/115.316

The auditor reviewed training materials that would be used in cases for resident who may have a disability or are limited English proficient. The training materials are continuously updated with available information from websites and local agencies that are able to provide the services, for example the Deaf Action Center and the Acadiana Area Spanish Interpreters which is composed of four different agencies that could provide contracted services as needed to the facility. This information was provided by the PREA coordinator and I was given copies of the agencies information as well.

The auditor is satisfied that the facility meets this standard.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

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

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

AMIKids Agency policy has the procedure in place to identify any new promoting staff hired through the use of the State of Louisiana Registry Disclosure Form at the time of hire and follow up background checks yearly. Policy 6-17/115.317

Potential employees will be provided with the back ground check and Registry Disclosure Form to identify their status on the Abuse Registry. If the background check is returned with any charges or arrest for abuse this information is forwarded on to the Louisiana Bureau of Licensure to investigate the findings of the report. The Bureau will conduct a follow up investigation on any record of abuse allegations or arrest. If the Bureau obtains any findings that the potential staff member has an arrest for abuse charges AMI would remove that potential staff members name from the roster. If a report of this nature is discovered during a current employees yearly background check they would be immediately removed from the employee roster. I feel this exceeds the standard due to the frequency of the background check on its employees by the Agency and taking immediate action upon notification. I also believe it exceeds due to the time and thoroughness of the process potential employees must go through prior to becoming an employee at the facility.

This process was confirmed by the PREA Coordinator and the Case Manager, who was just recently hired. The Case Manager stated that they “had worked for both private and government agencies but it took longer to go through AMI’s checks to get hired than both of them.”

The auditor is satisfied that the facility exceeds this standard.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During this facility's previous audit there were no cameras present. The facility has now added cameras to each living unit. The cameras cover the residents living and sleeping areas and the entrance to the shower and bathroom area. The video from the cameras can be viewed from the Executive /director's computer and facility cell phone.

The auditor is satisfied that the facility meets this standard.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

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

115.321 (e)

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

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews with the Facility's Executive Director and PREA Coordinator, and interviews with school personnel and staff all confirm that allegations of sexual abuse/assault are not investigated by agency or facility staff but are conducted by the investigators from the Office of Juvenile Justice (OJJ). Also, per policy, if there is an allegation of Sexual abuse the Acadia Parrish Sheriff's Department (APSD), the Department of Children and Family Services(DCFS) and the Office of Community Services (OCSO) would also be notified immediately.

Victims will be offered access to forensic medical exams through Hearts of Hope Rape Crisis Center and a victim advocate will be made available to the victim. The facility could also provide counseling by the facility's LPC, who serves as the Director of Treatment. Per policy, if requested by the victim, a victim advocate or qualified staff member of Hearts of Hope will accompany the and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals.

The auditor is satisfied that the facility meets this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Facility policies ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and harassment. Interviews with the facility Executive Director and PREA Coordinator and the Director of Investigative Services for the Office of Juvenile Justice confirmed that the agency responsible for the investigations does have the legal authority to do so. The agency documents such referrals in the PREA report monthly and posts it on its website and updates as needed. Policy 6-21

The auditor is satisfied that the facility meets this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility's policy on employee training requires all topics present in PREA Standard 115.331 be addressed. A review of the training logs confirmed that all topics required in the standard were covered and employee signatures confirmed their participation in the training. Training sessions are conducted each month and includes all employees at the facility from the Executive Director to the Direct Care Staff, including Specialized Staff. Policy 6.311/115.311

During interviews with the staff some showed me a laminated card that lists all the First Responders Duties. All staff members keep these cards on their person while on duty. It was apparent during the interviews with staff members that they take their responsibility as first responders seriously and are very aware of their importance as a first responder. Scenarios such as, "how would you respond if a resident reported to you that he had been sexually assaulted?" and what would your response be if you witnessed a student being sexually abused?" Staff members given these scenarios were able to confidentially explain every step they would take as a first responder. In all cases staff members stated the most important thing was to remain with the student in one-on-one coverage to insure his safety. They also stressed the importance of preserving evidence and securing the scene for evidence as well. Staff could list all agencies that would be contacted and where the student would receive medical and mental health services as well.

Staff members were also asked if they could identify some signs of a resident who might be a victim of sexual harassment. They were able to list some of the signs, particularly a student who seems withdrawn, and stressed the importance of being observant at all times and communicating what they observed to other staff members.

I feel the facility exceeds on this standard due to the frequency of their trainings and due to staff members demonstrated knowledge of how to prevent, detect, report and respond to an incident of a reported incident of sexual abuse/harassment. Training records reviewed by the auditor confirmed the frequency of staff training.

The auditor is satisfied that the facility exceeds this standard.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility PREA Coordinator confirmed that the facility has not had any volunteers or contractors who have contact with resident in the past twelve months. They do have the necessary training curriculum in place for any potential volunteer or contractor as reviewed by the auditor. Policy 6.32/115.312

The auditor is satisfied that the facility meets this standard.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

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

115.333 (d)

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

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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It is the policy of the facility to have a “process in place to educate all residents regarding PREA. This process will begin at intake and continue throughout the resident’s stay in the form of handouts, posters, pamphlets and posters visibly seen throughout the facility. This process also applies to from other facilities as well.” Policy 3-33/155.333

The PREA Coordinator confirmed that residents entering the facility receive the prescribed PREA information on that day and that training is completed within ten days. The PREA Coordinator and the

Executive Director are the first contacts for the residents when this information is discussed. The resident also receives PREA folder that also provides additional PREA information and a copy of their rights concerning PREA. They are allowed to keep this folder with their personal belongings. Residents receive additional training annually and refresher training in the event a PREA violation occurs per policy.

PREA information is posted in all dorms. This information includes Mandated Reporter Information, the grievance and complaint process, emergency contact numbers and posted information from Hearts of Hope Rape Crisis Center and all the services provided to any resident who is a victim of sexual abuse.

The PREA Coordinator insures that residents receive PREA materials from multiple websites and utilizes power points and videos that are age appropriate for the residents.

During my review of student files from 2017, 2018 and 2019 I found that the intake documents required by the standard to be consistent and that the information was presented to the residents in the required timeframe. Students were required to sign the documents as proof of having received the information. There was also training materials in Spanish.

During my interviews with residents they were able to confirm having received PREA training on their first arriving at the facility and confirmed receiving a PREA folder that they were allowed to keep with their personal belongings. All residents interviewed were able to list multiple ways to report and pointed out the that there was PREA information located in all the dorms and information about the “place that we can go to if something like that happens and we need a counselor to talk to or we can call them on the number posted on the bulletin board in the dorm.” One student who had been at the facility for two and a half months stated, “I know I can report for myself and someone else if he’s scared to.” Other comments like, “I’m not comfortable being here instead of at home but not uncomfortable with PREA”, “I’m comfortable with showering”, and “I feel very safe” leads me to believe that the residents training is taken just as seriously by them as the staff take their training. Residents seemed very comfortable in their knowledge of PREA.

The auditor is satisfied that the facility meets this standard.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

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

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency does not conduct any form of administrative or criminal sexual abuse investigations.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy and procedure does require full and part-time medical and mental health care staff to be trained in PREA Policies per standard 115.335. The review of training records confirmed that the facility’s LPN, MLC and LPC participate in all PREA training. This was also confirmed during my interview with the PREA Coordinator and the facility’s LPN.

The auditor is satisfied that the facility meets this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

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

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Facility policy and procedure requires that the Screening for Vulnerability to Victimization and Sexually Aggressive Behaviors (VSAB) be completed within 72 hours of the resident's arrival at the facility and periodically throughout the resident's confinement. When completed the form is placed in the resident's Case Management file. This was present in all resident files given to the auditor and the random files selected by the auditor, including current resident files and files of residents who had been released from the facility for up to two years. This confirmed the practice of the use of this form consistently and compliance with the eleven items prescribed in PREA Standard 115.341. Policy 6.41/115.341

The auditor is satisfied that the facility meets this standard.

Standard 115.342: Use of screening information

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

115.342 (a)

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

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

115.342 (b)

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

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

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

115.342 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy and procedure require information from PREA Standard 115-341 be used to make housing, bed, work, education and program assignments with the goal of keeping all residents safe and free from sexual abuse. Policy 6.42/115.342

AMIKids Acadania is a staff secured facility and does not utilize isolation of its residents. In lieu of isolation the resident has one staff member assigned to the resident at all times to insure the resident’s safety. If there is a need for additional coverage extra staff will be called in to assist until it is determined to be safe by the administrative review team which by policy will review the resident’s placement on one-on-one every 30 days. This student would continue to receive all daily large-muscle exercise, treatment and any legally required educational programming or special education services. Facility policy prohibits gay, bisexual, transgender, or intersex residents from being placed in particular housing, bed or other assignment; identification or status as an indicator of likelihood of being sexually abusive and; makes housing and program assignments on a case-by-case basis to insure the resident’s safety.

The auditor is satisfied that this procedure is in compliance with the standard.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy 6.51/115.351 requires that multiple ways be provided for residents to report sexual abuse and harassment with at least one way to report to an entity that is not a part of the agency; that contact information be provided to residents detained solely for civil immigration purposes and that staff have a way of privately reporting sexual abuse and harassment of residents. Staff is required to accept and promptly document reports made verbally, in writing, anonymously and from third parties. These reports must be reported to their supervisor within two hours.

Compliance of this standard was confirmed during the onsite walk through. Each dorm had a list of multiple ways and how to report allegations of sexual harassment and abuse. Ways to report included, submitting a grievance, reporting to staff or their treatment counselor or by requesting to speak with one of the facility's directors or the facility Executive Director.

Posted in each dorm were also ways residents can request to report to an entity not a part of the agency. Those ways include residents' use of an abuse hotline provided by Hearts of Hope Rape Crisis Center and, for those eighteen and older, a hotline number for the Department of Children and Family Services (DCFS) and the Office of Community Affairs (OCA). These numbers are given to each resident during the intake process as well.

During interviews with residents they confirmed receiving these numbers during intake and it was pointed out to the auditor by some residents that, "the numbers are everywhere." Some residents also stated that they knew they could report such incidents to their probation officers, a doctor during a medical visit or their family.

Staff members also confirmed their knowledge of ways to report by using the abuse hotline, informing their supervisor in person or in writing anonymously or by speaking with a Director or the Executive Director on a one on one basis.

The auditor is satisfied that the facility meets this standard.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA

- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Facility policy 6.52/115.625 states, “A resident grievance regarding sexual abuse is an allegation of sexual abuse. Therefore reporting and investigation policy and procedures will be initiated.” The facility Executive Director and the PREA Coordinator explained that they treat all grievances of sexual abuse as an allegation because the nature of the grievance could potentially become a criminal offense and is reportable to the Acadia Parrish Sheriff’s Department, the Office of Community Services and the Department of Children and Family Services. Allegations of sexual harassment are however addressed through the facility’s grievance process.

The auditor is satisfied that the facility meets this standard.

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

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

115.353 (a)

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Facility Policy 6.53/115.353 states that the "facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following"- providing residents access to outside victim advocates and provide, post or make available contact information for victim advocacy or rape crisis organizations; enabling communication between residents and these organizations and informing them of the extent to which agency policy governs the monitoring of their communications, and when reports of abuse will be forwarded to authorities according to mandatory reporting laws; providing reasonable and confidential access to attorney and reasonable access to their parents or legal guardians and; attempting to enter into agreements with community service providers to provide emotional support services related to the resident's sexual abuse while in custody.

The facility maintains an agreement with Heart of Hope (HOH) Rape Crisis Center which offers access to support services to victims of sexual abuse and a victim advocate. This was confirmed during the pre on site visit. HOH also provides a toll free number that all residents receive upon intake at the facility and the number is posted in all dorms.

Residents are allowed access to their parent or legal guardians and probation officers through phone calls and visits and are allowed unlimited written communication with as well.

The auditor is satisfied that the facility meets this standard.

Standard 115.354: Third-party reporting

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

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility Policy 6.54/115.354 provides a method to receive third party reports of resident sexual abuse or sexually harassment.

AMIKids Acadiana publicly distributes information on how to report sexual abuse and harassment on behalf of a resident for third party reporting. Sexual abuse/harassment pamphlets with reporting information is available at the check in desk of the facility and third party information is posted at various location at the facility, Third Party Reporting Forms are distributed to all medical and mental health providers who provide services to the resident of the facility for reporting purposes and reporting information is also provided on the facility's Agency website.

This was confirmed through visual observation during the onsite tour of the facility and by visiting the agency website.

The auditor is satisfied that the facility meets this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?

Yes No

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Agency policy number 6.54/115.361 requires all staff to report immediately any knowledge, suspicion, or information they receive regarding and incident of sexual abuse or harassment that occurred in a facility, whether or not 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. All staff members are required to comply with mandatory abuse reporting laws.

This policy is extremely comprehensive and specific in its explanation of the procedures and explanation of staff responsibilities and uses all of the PREA Standard 115.361 verbiage to insure compliance. The facility also has a PREA Incident Response Reporting Plan in place that further explains each employee's and administrator's responsibility to and how to report as well. Staff member are to immediately report any incident of sexual abuse or harassment to their supervisor. The supervisor will immediately notify the Director of Operations and/or the PREA Coordinator and they will make a mandated report to the Louisiana Department of Children and Family Services immediately and contact law enforcement to report the abuse and/or harassment. Medical and mental health personnel are required to report to the Director of Treatment and/or the Executive Director as well as the designated state and local services agencies. The facility head or designee will report the allegation to the alleged victim's parents or legal guardians unless there is documentation showing they should not be notified. The victim's case worker will be notified of the report should the resident be under the guardianship of the child welfare system. The resident's attorney should be notified within 14 days of the report by the Executive Director. Staff reporting the allegation is prohibited from revealing any information related to the report to anyone other than the necessary information to make treatment, investigation and security and management decisions.

Random interviews with staff, the PREA Coordinator, Executive Director and Specialized Staff confirm that this policy is in place and is reviewed during training sessions throughout the year. It was apparent during interviews that all employees are very knowledgeable of the policy and procedures and take their duty to report seriously and understands their role in protecting the residents.

Due to the thoroughness of the policy and he employees responses during the interviews I am satisfied that the facility exceeds this standard. There have been incidents of allegations of sexual abuse or harassment reported in the last year.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility Policy 6.62/115.362 requires "that immediate action be taken to protect a resident upon learning that the resident is subject to a substantial risk of imminent sexual abuse." Procedure requires that when possible the subject(s) who poses the threat will be immediately removed from the same area as the resident at risk with the goal of keeping all resident safe. If this is not appropriate then the resident at risk would be removed from the same area. (Area refers to dorm, work, education classes, and program assignments.)

The facility reports zero incidents over the past 12 months of a resident being subject to a substantial risk of imminent sexual abuse. If a resident is determined to be at imminent risk of sexual abuse the facility immediately assigns one staff member to the resident to provide one-on-one continuous site supervision. This determination can be made by a staff member as they are trained to take immediate action. This supervision continues until there is no longer a threat to the resident as determined by the incident review team. If necessary the Office of Juvenile Justice could move the resident or resident causing the threat to an alternate placement for safety purposes.

This was confirmed during staff and students interviews as they all were very knowledgeable of the required procedure. One student commented that "this is how I know stuff like that is not going to happen here." It should be noted that one-on-one assignments are also provided anytime it is felt that a

resident in at imminent risk for any type of assault. I am convinced that the facility exceeds this standard due to not provided isolation but one-on-one supervision to a resident who is determined to be at imminent risk on sexual abuse. This would allow the resident to continue to progress through the program without any interruption of requires services.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility Policy 6.63/115.363 states “in the event that a resident alleges that sexual abuse occurred at another facility, AMLkids Acadania will document those allegations and report to the head of the facility or appropriate office of the agency where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving notification.”

The Executive Director or designee will also notify the appropriate investigative agency and the resident is referred to Hearts of Hope for any possible treatment services. This procedure was confirmed by the Executive Director, PREA Coordinator and Case Management staff.

The auditor is satisfied that the facility meets this standard.

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Facility Policy 6.64/115.364 requires that "security staff members (Direct Care Personnel) who may be the first to respond to a report that a resident was sexually abused are required to..." separate the victim and abuser, preserve and protect any crime scene, request that the alleged victim and abuser not take any actions that would destroy evidence, notify all supervisory AMI staff and begin to notify all reporting agencies, including Acadia Parish Sheriff's Department, Office of Community Services and Department of Children and Family Services. AMI staff will ensure that proper care and counseling is received through Heart of Hope and supervisory staff will ensure that parents and Probation officers are notified.

A review of training logs and random staff interviews indicate that staff is well versed in their duties as first responders. They explained the actions required by the standard/facility policy and included they would immediately consider themselves in one-on-one coverage with the alleged victim for the residents comfort and safety. Staff take into great consideration the trauma the alleged victim may have suffered. One interviewee stated, "they needed to be sure about what to do so they would not create more stress and trauma for the victim."

The auditor is satisfied that the facility meets this standard.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility has a written institutional plan that outlines the facility's actions to be taken in response to incidents of sexual abuse. It includes the actions to be taken by First Responders, facility leadership, investigators and medical and mental health practitioners.

Interviews with the Executive Director, PREA Coordinator, case management staff, teacher and random staff confirmed that the facility's staff well aware of what their individual responsibilities are as part of the coordinated response outlined in the written institutional plan. They were also aware of the role the sheriff's department, OJJ and Hearts of Hope have and the services they would provide a resident who may be a victim of sexual abuse. The importance of everyone working together as a team to protect all residents from sexual abuse was pointed out by some of the interviewees. Others interviewed credit that staying one-on-one with the victim until appropriate help is provided as being the key point as well.

I am convinced by the written policy and the written institutional plan and stated practices that this policy exceeds the standard as proved by how knowledgeable personnel are and the fact that they voiced a "buy in" attitude towards working together as a team to protect each resident. It is also evidenced by how well trained the personnel is on stated practice as well as the policy.

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

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility does not maintain any collective bargaining agreements.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility Policy 6.67/115.367 requires that "shift supervisors are responsible for ensuring residents and staff who report sexual abuse and harassment are protected from retaliation." The Operations Director is responsible for monitoring possible retaliation and reports any instances to the Executive Director. Policy also states "staff members engaging in any form of retaliation will face disciplinary action up to and including termination." Residents' engaging in any form of retaliation will face loss of privileges and work detail assignments. The Director of Operations and PREA Coordinator will monitor retaliation incidents or reporting through monitoring reports at 30, 60 and 90 days after the report of abuse have been established.

The facility has been no reports of any incidents of retaliation in the past 12 months. This was confirmed by the facility PREA Coordinator.

The auditor is satisfied that the facility meets this standard.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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AMIKids Acadania does not utilize segregated housing or isolation. To protect residents who have alleged to have suffered sexual abuse, dormitory changes can be made for the well-being and safety of the resident. Also, the residents will be placed on one-on-one supervision with a staff member until there is no longer a threat to the resident’s safety or until the resident can be moved to a facility that can provide the safety that the resident needs. One-on-one residents’ are afforded a review every 30 days, per policy 6.42/115.368 to determine if the one-on-one is a continued need.

Policy does prohibit placing residents in particular housing, bed or other assignments solely on the basis of LBGTI identification or status; identification or status as a likelihood of being sexually abusive and; “makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis to ensure the youth’s safety.

This information was ascertained by reviewing facility policy, intake documents associated with housing assignments and interviews with the PREA Coordinator.

The auditor is satisfied that the facility meets this standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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AMIKids Acadania does not conduct criminal or administrative investigations of sexual harassment or sexual abuse. These investigations or conducted by the Acadia Parrish Sheriff's Office and/or the Office of Juvenile Justice Investigative Services Division. The facility cooperates with the investigating agency; remains informed about the progress of the investigations by the outside entity and document its efforts by progress notes. Policy 6.71/115.371.

Training of the investigators by OJJ was confirmed by the Director of Investigative Services of OJJ prior to the onsite visit.

The auditor is satisfied that the facility meets this standard.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Facility Policy 6.72/115.372 states that it "shall impose no higher standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Review of the policy and the PREA Coordinator confirmed that this is the facility's policy.

The auditor is satisfied that the facility meets this standard.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility requires, per Policy 6.73/115.673, that “at the conclusion of the investigation AMIKids Acadania will inform the resident who made the allegation of sexual abuse of the status of the accused staff abuser,” including if the staff member is posted in the resident unit; employed at the facility and whether the staff member has been indicted or convicted of a charge related to sexual abuse in the facility. The resident will also be informed of indictments or convictions of alleged resident abusers. The victim will be informed by written documentation. If the resident is no longer at the facility, the Office of Juvenile Justice (OJJ) will be responsible for the notification.

The Facility Resident PREA Allegation Status Notification Form was reviewed during the onsite visit and the PREA Coordinator confirmed OJJ’s responsibility to notify residents who no longer reside at the facility.

The auditor is satisfied that the facility meets this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Facility Policy 6.76/115.376 states “staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.” Termination is the presumed sanction for staff who has engaged in sexual abuse.

The facility Executive Director confirmed that violations of this policy would be reported to law enforcement and licensing bodies. There have been no terminations or resignations in the past 12 month for violating the facility’s sexual abuse/harassment policies.

The auditor is satisfied that the facility meets this standard.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy 6.77/115.377 requires “that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.”

AMIKids Acadania has not had any volunteers or contractors in the last 12 months. This was verified by interviews with the Executive Director and the PREA Coordinator.
The auditor is satisfied that the facility meets this standard.

The auditor is satisfied that the facility meets this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility policy addresses all components of PREA Standard 115.378, a-g, in regards to Disciplinary Sanctions for Residents. A resident will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the resident engaged in resident-on-resident sexual abuse. The facility uses one-on-one supervision by a staff member in lieu on isolation so the resident continues to receive exercise and access to educational services. The facility does consider whether the resident's mental disabilities or mental illness contributed to his behavior and when determining sanctions, if any.

I interviewed an LCSW whom works with the Office of Juvenile Justice, who conducts counseling services on site once a week for the facility. This LCSW counsels residents with histories of sex related offenses. During this interview I was able to confirm that a resident's mental disabilities are considered by OJJ prior to sanctions and also that Psychological and Psychiatric Evaluations are completed on residents and sometimes Psycho-Sexual Evaluations can be recommended.

The facility policy also states that a resident may be disciplined for contact with a staff member if the staff member did not consent to the contact. The facility recognizes a report made in good faith even if an investigator does not find evidence to substantiate an allegation, in this case, it does not constitute false reporting. The facility does prohibit sex between residents.

There have been no criminal findings of resident-on-resident sexual abuse in the past 12 months.

The auditor is satisfied that the facility meets this standard.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During a review of the facility Policy 6.81/115.381 it was confirmed that the policy addresses all components of PREA Standard 115.381, a-d. It was further confirmed by reviewing the facility's Risk Assessment Form and confirming with Heart of Hope Rape Crisis Center that there remains an agreement between them and the AMIKids Acadiana to provide services to residents who report to have been a victim of sexual abuse. Services include providing SANE services, forensic interview services, advocacy, and counseling services to any resident who reports sexual abuse/ assault and physical abuse.

Further confirmation of Medical and/or Mental Health Screenings was confirmed by an Office of Juvenile Justice LCSW, who visits the facility weekly to provide counseling services for residents. The facility also employs a Masters Level Counselor.

If, while the resident is going through the intake process, screening indicates the need for follow-up with a medical or mental health practitioner, this is done within 14 days of the screening. This includes residents who may have been a victim or perpetrator of sexual abuse. The PREA Coordinator confirmed those responsible for conducting the Risk Screening are limited to using the information obtained to only make bed and housing decision, security and management decisions and decisions about treatment plans and work , education and programming assignments.

The facility policy also requires "medical and mental health practitioners to obtain informed consent from a resident before reporting information about prior sexual victimization that did not occur in the institutional setting or community, unless the resident is under the age of 18."

The auditor is satisfied that the facility meets this standard.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Facility Policy 6.83/115.382 states, "Emergency medical and mental health services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Also, the Facility Written Institutional Plan outlines the facility's coordinated response to incidents of sexual abuse which requires any first responder to take steps to protect the resident by going into one-on-one coverage with the victim and by notifying the appropriate agencies immediately.

The facility has an agreement with Heart of Hope Rape Crisis Center to provide every victim with services without financial cost. Services include forensic interviews, providing SANE services, advocacy and counseling services. Services also include information about emergency contraceptive and sexual transmitted prophylaxis.

During interviews with residents all acknowledged that Heart of Hope (HOH) provided them with a hot line number for reporting and that they also offered counseling. Employees interviewed were also aware of the services that HOH provided and that the services were free to the residents. They also stress the importance of that their first role in an incident such as this was to first protect the victim.

The auditor is satisfied that the facility meets this standard.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

It is the facility policy to "offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized or have been an abuser in jail, lockup, or juvenile facility." Victims will be offered tests for sexually transmitted infections and the facility will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days on learning of such abuse history and treatment by mental health practitioners when deemed appropriate. Treatment services will be provided at no cost to residents.

Heart of Hope Rape Crisis Center will offers counseling services to the facility's residents who report sexual abuse/assault and physical abuse. The Office of Juvenile Justice provides the services of an LCSW that also provides onsite counseling services on a weekly basis and the facility has on staff an LPC as Director of Treatment and an MLC and Case Managers that can also provide counseling services. The facility also employs an LPN who can distribute medication and meet resident first aid needs.

The auditor is satisfied that the facility meets this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Facility Policy 6.86/115.386 states “the facility shall conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The review will occur within 30 days of the conclusion of the investigation and the review team will consist of upper-level management officials, with input from line supervisors, investigators and medical and mental health practitioners.”

The PREA Coordinator confirmed the practice of conducting Sexual Abuse Incident Reviews and that the facility’s addition of a video monitoring system was aided by such a review. I reviewed the Sexual Abuse Incident Review Report Form. The form consists of the following: whether the allegation/investigation indicates a need to change policy or practice; whether the incident was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status ; gang affiliation; examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers enabled abuse; assess adequacy of staffing levels in that area during shift and; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Forms turned in to the Executive Director or PREA Coordinator and the facility will implement the recommendation for the improvement or document reason for not doing so.

The auditor is satisfied that the facility meets this standard.

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Facility Policy 3.87/115.387 describes the agency data collection as follows. "The facility will collect all reports of allegations of sexual abuse/harassment by these methods: 1) documented report of the incident, 2) reports will be collected and put on monthly spreadsheets then reported to Louisiana Office of juvenile Justice PREA Coordinator, 3) all reports will be combine based on categories or incidents and documented on yearly data collections form and submitted to Louisiana OJJ PREA Coordinator and 4) the annual data collected will be made public on the Agency website.

The auditor received a copy of the data collection report for the 2018 year while onsite from the facility PREA Coordinator. This information is also available on the agency website.

The auditor is satisfied that the facility meets this standard.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Data is collected from the facilities by the Agency to assess the effectiveness of its sexual abuse, detections and response policies and training. An annual report is prepared and is made available on the Agency's website.

The auditor is satisfied that the facility meets this standard by submitting required reports to its parent Agency. The auditor did review the Agency's website.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The facility PREA Coordinator confirmed that AMI retains securely retains data on sexual abuse for 10 years after the date of initial collection. The Agency PREA Coordinator redacts personal identifiers prior to the submission of the Annual PREA Reports for publication on the Agency's website.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Type text here...

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Type text here...

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Charmene Griffin

May 31, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.