

# PREA Facility Audit Report: Final

**Name of Facility:** AMIkids Acadiana

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 06/15/2022

**Date Final Report Submitted:** 08/17/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Derek Henderson	<b>Date of Signature:</b> 08/17/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Henderson, Derek
<b>Email:</b>	derekc.henderson@outlook.com
<b>Start Date of On-Site Audit:</b>	05/23/2022
<b>End Date of On-Site Audit:</b>	05/24/2022

FACILITY INFORMATION	
<b>Facility name:</b>	AMIkids Acadiana
<b>Facility physical address:</b>	611 Celestine La Tortue Road , Branch , Louisiana - 70516
<b>Facility mailing address:</b>	P O Box 292, Branch, Louisiana - 70516

Primary Contact	
<b>Name:</b>	Charmona Murphy Henry
<b>Email Address:</b>	Cmurphyhenry@amikid.org
<b>Telephone Number:</b>	3372573239

Superintendent/Director/Administrator	
<b>Name:</b>	Regional Manager, Issac Williams Sr.
<b>Email Address:</b>	iwilliams@amikids.org
<b>Telephone Number:</b>	3373842123

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	36
<b>Current population of facility:</b>	24
<b>Average daily population for the past 12 months:</b>	18
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12-18
<b>Facility security levels/resident custody levels:</b>	low/Medium
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	31
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	AMKids, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5915 Benjamin Center Drive, Tampa, Florida - 33634
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Charmona Murphy Henry	<b>Email Address:</b>	cmurphyhenry@amikids.org
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**SUMMARY OF AUDIT FINDINGS**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

2	<ul style="list-style-type: none"> <li>• 115.313 - Supervision and monitoring</li> <li>• 115.331 - Employee training</li> </ul>
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**Number of standards met:**

41
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**Number of standards not met:**

0
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# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-05-23
2. End date of the onsite portion of the audit:	2022-05-24

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Hearts of Hope- the Regional Child & Youth Trafficking Coordinator and SART Coordinator Lead Survivor Advocate.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	36
15. Average daily population for the past 12 months:	18
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	22
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	30
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	9
54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	The sample was over 50% of the residents in the facility and were selected randomly from each of the two housing units at the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Selected 9 random residents and 2 targeted residents to interview, which ensured a large portion of the facility's resident population was selected. Additionally, the 2 targeted residents were asked not only the applicable targeted resident questions but also the random resident interview questions.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor made observations during the on-site to ensure the facility did not have any residents with a noticeable physical disability. Additionally, through interviewing a total of 11 residents, which is exactly half of the total population, the auditor determined that none of the interviewed residents reported to have a disability.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor made observations during the on-site to ensure the facility did not have any residents who were blind or had low vision. Additionally, through interviewing a total of 11 residents, which is exactly half of the total population, the auditor determined that none of the interviewed residents were blind or had low vision.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor made observations during the on-site to ensure the facility did not have any residents who were deaf or hard-of-hearing. Additionally, through interviewing a total of 11 residents, which is exactly half of the total population, the auditor determined that none of the interviewed residents were deaf or hard-of-hearing.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor made observations during the on-site to ensure the facility did not have any residents who were LEP. Additionally, through interviewing a total of 11 residents, which is exactly half of the total population, the auditor determined that none of the interviewed residents were LEP.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor made observations during the on-site to ensure the facility did not have any residents who may have identified as lesbian, gay, or bisexual. Additionally, through interviewing a total of 11 residents, which is exactly half of the total population, the auditor determined that none of the interviewed identified as lesbian, gay, or bisexual.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor made observations during the on-site to ensure the facility did not have any residents who may have identified as transgender or intersex. Additionally, through interviewing a total of 11 residents, which is exactly half of the total population, the auditor determined that none of the interviewed identified as transgender or intersex.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through interviewing a total of 11 residents, which is exactly half of the total population, the auditor determined that none of the interviewed identified reported to have been involved in any type of sexual abuse incident or allegation at the facility. Additionally, each of the 12 randomly selected staff members also confirmed that they were unaware of any resident in the facility who was involved in any type of sexual abuse allegation or incident.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While the auditor was on-site, it was clear that the AMIkids Acadiana facility does not utilize any type of secured room for isolating residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>6</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>The agency's Executive Director was working off-site during the on-site phase of the audit; however, the agency's PC was designated as the agency head during this time and was interviewed by the auditor.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>Victim advocates from Hearts of Hope and SANE/SAFE nurse from a local hospital.</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>1</p>

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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### Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes  
 No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	1	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	1	0	0	0

### Sexual Abuse and Sexual Harassment Investigation Outcomes

#### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	1	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	1	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2

<p>107. Did your selection of <b>SEXUAL HARASSMENT</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p>108. Enter the total number of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>2</p>
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<p>109. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**Non-certified Support Staff**

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**AUDITING ARRANGEMENTS AND COMPENSATION**

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><u><b>115.311</b></u></p> <p data-bbox="240 327 943 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="240 383 903 584" style="list-style-type: none"> <li>- Facility Policy 6.11 (PREA: Zero-Tolerance; PREA Coordinator)</li> <li>- Organization Chart (dated: 3/11/2022)</li> <li>- PREA Related Signage Posted throughout the Facility</li> <li>- PREA Policy and Procedure Manual</li> </ul> <p data-bbox="240 613 363 640"><b>Interviews:</b></p> <ul data-bbox="240 669 1485 1375" style="list-style-type: none"> <li>- The auditor interviewed the facility's PREA Coordinator (PC), who explained how she is able to dedicate at least two full days a week to focus primarily on her PREA related responsibilities and serious PREA related situations would take priority over all her other facility duties. The PC was keenly knowledgeable in all the PREA related procedures included in the agency's PREA Policy Manual, as well as provided the auditor with all the supplemental documents requested throughout all phases of the audit. The PC provided detailed explanations of facility PREA practices, such as: <ul style="list-style-type: none"> <li>- how the agency's Staffing Plan was created, operationally assessed on a daily basis, and formally reviewed and evaluated annually with facility leadership;</li> <li>- how all residents are provided PREA information during the intake process and provided a more comprehensive PREA education within 10 days of admission;</li> <li>- the PREA training process of new hires, contractors, and volunteers, as well as the applicable PREA refresher trainings provided on a weekly basis;</li> <li>- how facility leadership collaborates to ensure deficiencies in adhering to policies and procedures are promptly addressed and corrected;</li> <li>- the agency's protocols for reporting any sexual abuse/sexual harassment allegations or incidents to the State of Louisiana Office of Juvenile Justice (OJJ), the Louisiana Department of Child &amp; Family Protective Services (DCFS), and the Acadia Parish Sheriff's Department; and</li> <li>- how PREA related data is securely collected, assessed, maintained, and distributed.</li> </ul> </li> </ul> <p data-bbox="240 1404 528 1431"><b>Site Review Observations:</b></p> <ul data-bbox="240 1460 1493 2130" style="list-style-type: none"> <li>- During the on-site phase of the audit, the auditor observed several PREA related documents and signs posted throughout the facility, which further demonstrates the agency's focus to a zero tolerance stance toward all forms of sexual abuse and sexual harassment. One such notice that is posted in each building and housing unit (dorm) is the "Break the Silence" poster, which clearly states the agency's zero tolerance policy toward all forms of sexual abuse and how to report any type of sexual misconduct to the State of Louisiana's Office of Juvenile Justice. Each housing unit included a bulletin board with several PREA related forms posted so that all residents are able to review at any time while in the facility. Examples of the PREA related signage are described below: <ul style="list-style-type: none"> <li>- PREA Information on how to report sexual abuse, sexual assault, or sexual harassment.</li> <li>- Names of organizations and agencies that a resident can contact if a victim of sexual abuse or sexual harassment (OJJ and Hearts of Hope).</li> <li>- "Youth Safety- Speak Out/Break the Silence- Tell Someone" (<i>There is NO excuse for abuse</i>)</li> <li>- Hearts of Hope ("support services for the sexually abused, with 24/7 contact phone number)</li> <li>- Mandated Reporters poster (Louisiana Child Protective Statewide Hotline number)</li> <li>- Student Rights</li> <li>- Prohibited Practices</li> </ul> </li> </ul>

- Rules of Conduct
- Grievance Process
- AMIkids Complaint Procedure

Additionally, during the on-site inspection, the PC provided the auditor with access to all areas of the facility complex, including each of three dorms, the cafeteria, the administrative building, and the classroom building. The PC introduced the auditor to all the staff working that morning during the inspection, as well as to most of the residents in the program. These actions demonstrated to the auditor how the PC is able to oversee all areas of the agency's program in order to continually assess and ensure sexual safety. Lastly, the PC provided the auditor the agency's PREA Manual, which was located in the staff break room in the administration building. This manual included all the agency's PREA Policies and PREA related documents utilized in the facility. The PC explained how this PREA Manual is available to all employees, and staff are encouraged to utilize the manual for refreshing their PREA knowledge on their own and when responding to a PREA related incident or allegation.

**Explanation of determination:**

**115.311**

**(a):**

Policy 6.11 includes the agency's zero tolerance policy, methods in place to prevent and detect sexual harassment and sexual abuse, as well as the requirement that all PREA related allegations/incidents are referred to the proper authorities for a criminal and/or administrative investigation. The Policy also includes the requirement for the agency to employ a PC, the PREA related definitions of SH/SA, and sanctions imposed for prohibited behaviors (up to and including termination and criminal prosecution). The auditor verified that the agency's PREA Policy Manual sufficiently outlines the agency's overall approach to preventing, detecting, and responding to sexual abuse and sexual harassment in the facility.

**(b) & (c):**

Per facility Policy 6.11, the PREA Compliance Manager (PCM), who is also the Staff Trainer, shall act as the Acadiana campus agency PREA Coordinator (PC), with the Acadiana PC required to develop, implement, and oversee agency efforts to comply with PREA standards in the facility. In addition to the Acadiana facility PC, the AMIkids Corporate agency has a nation-wide PC, whom oversees all PREA guidelines and standards for all the AMIkids facilities in the United States. Through reviewing Policy 6.11 and the facility's Organizational Chart, the auditor verified that the AMIkids Acadiana facility's PC has sufficient time and authority to coordinate the facility's efforts to comply with all the applicable PREA standards. Furthermore, the Acadiana PC, as what is reflected on the facility's Organizational Chart, reports directly to the facility's Executive Director and has authority over all direct care staff, teachers, and shift supervisors. This further supports how the PC has the authority in the organization to coordinate the facility's efforts to comply with all the applicable PREA standards.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><u>115.312</u></p> <p data-bbox="242 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <p data-bbox="242 385 328 412"><b>(a) &amp; (b)</b></p> <p data-bbox="242 443 1477 672">The AMIkids Acadiana residential treatment facility in Branch, Louisiana is a privately operated facility that does NOT contract for the confinement of its residents with private agencies or other entities and, therefore, the standard requirements of this PREA standard do not apply. Although, it is important to include in this report that the State of Louisiana Youth Services (YS) contracts with AMIkids Acadiana to house in-custody state youth, and AMIkids Acadiana provided the auditor with the executed contract between AMIkids Acadiana and the State of Louisiana YS. The contract requires AMIkids Acadiana to comply with PREA and with all applicable PREA standards, including, but not limited to: PREA standards related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse.</p> <p data-bbox="242 703 1485 994">In addition, the contract indicates that the State of Louisiana (YS) will conduct announced or unannounced compliant monitoring to include "on-site" monitoring, and the contractor (AMIkids) is required to work with the Office of Juvenile Justice PREA Coordinator in scheduling audits in accordance with the agency's audit cycle. The auditor was able to verify this information during a phone call before the on-site visit with the state of Louisiana Office of Juvenile Justice (OJJ) PC. The AMIkids Acadiana PC also confirmed the facility's contractual responsibilities of complying with the PREA juvenile standards, including the requirement of conducting this current PREA audit. The PC explained that AMIkids Acadiana only accepts male juveniles who are in the custody of the State of Louisiana OJJ, and AMIkids Acadiana is a private residential facility operated through AMIkids, Inc., and AMIkids Acadiana does not contract with other agencies for the confinement of its residents.</p> <p data-bbox="242 1025 376 1052"><b>Conclusion:</b></p> <p data-bbox="242 1084 1481 1146"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><b><u>115.313</u></b></p> <p data-bbox="242 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 387 1324 757" style="list-style-type: none"> <li>- Facility Policy 6.13 (Supervision &amp; Monitoring)</li> <li>- AMKids Acadiana Unannounced PREA Observation Form (including 9 completed forms)</li> <li>- Daily Shift Logs (7)</li> <li>- Staff Schedule for Week of On-site</li> <li>- AMKids Memo from Executive Director (*reducing the resident population during the COVID-19 pandemic)</li> <li>- 2021 Annual PREA Staffing Plan Review (9/10/2021)</li> <li>- 2020 Annual PREA Staffing Plan Review (9/1/2020)</li> </ul> <p data-bbox="242 786 363 813"><b>Interviews:</b></p> <ul data-bbox="242 846 1492 1339" style="list-style-type: none"> <li>- During the on-site phase of the audit, the auditor interviewed the facility's Director of Operations (DO), who is considered the facility's superintendent, and the facility's PC during the on-site phase of the audit. Each administrator individually explained to the auditor how the agency's Staffing Plan is implemented to ensure adequate staffing levels are maintained at all times, as well as the addition of utilizing a surveillance video system to enhance the safety and protection of residents and staff. It is important to note that the DO and the PC indicated during their interviews that the agency exceeds the minimum staff to resident supervision ratios pursuant to the PREA requirements of Standard 115.313 (c). This is done by predicating their staffing plan to 1:6 for programming (waking hours) and 1:12 for non-programming (sleeping hours). This was also verified by the auditor during the on-site inspection, in which each area where the residents were located in the program during the day shift were compliant with the agency required 1:6 staff to resident ratio for direct supervision of youth during waking hours. In addition, the auditor assessed the morning operational staffing ratio even further by interviewing four (4) teaches, one Recreational Therapist, and the Director of Operations after the afternoon shift arrived to relieve the teachers at 2pm. This proved that the facility had at least six (6) staff members providing supervision of the total resident population of 22 residents during one day of the on-site, with a direct supervision ratio to residents calculated at 1:3.6. Furthermore, the auditor also interviewed three (3) staff who worked the overnight shift the night before, which demonstrated to the auditor that at least three staff members were on the shift during sleeping hours directly supervising 22 residents (ratio: 1:7.3).</li> </ul> <p data-bbox="242 1368 1449 1496">The PC and DO also explained the process of how the annual Staffing Plan review is conducted, as well as the elements considered when conducting this annual review, which included the requirements of 115.313 (d) (1-4). The PC and DO indicated that the agency has not had to deviate from their staffing plan since their last PREA audit and no such documentation is available.</p> <p data-bbox="242 1525 1485 1787">Lastly, both the PC and DO described the agency's practice of how unannounced rounds are conducted by the DO, as well as two other shift supervisors. The administrators explained how the DO and shift supervisors will stop by the facility unannounced at random times on random days in order to ensure staff are not alerted that the rounds are being conducted. The DO indicated that when he conducts the unannounced rounds, he will drive to the facility on his days off, with turning off his lights before turning in, and walk through the entire facility. The unannounced rounds are documented on Daily Shift Logs, as well as on Unannounced PREA Observation Forms, as verified by the auditor during the on-site and through reviewing completed documents both before the on-site and during. The PC is provided the completed Unannounced PREA Observation forms and reviews to ensure the rounds are being conducted as required by standard.</p> <p data-bbox="242 1816 528 1843"><b>Site Review Observations:</b></p> <ul data-bbox="242 1877 1485 2139" style="list-style-type: none"> <li>- The auditor confirmed while on-site that the agency's Staffing Plan was in the PREA Manual in the staff break room. Additionally, during the on-site inspection, the auditor observed the facility operating within their agency required ratios of 1:6 during programming and non-programming hours, as noted in the interview section above. The auditor observed three residents working on a garden outside the Administration Building, with the facility's Recreational Therapist providing direct supervision (1:3 ratio). During the inspection of the educational building, the auditor entered two classrooms that were occupied by residents in which each classroom had at least one teacher providing direct supervision, with the Director of Operations also in the building to assist with supervision and respond to any issues that may arise. Upon entering each classroom, the auditor introduced himself and was pleasantly greeted by each resident. Each resident in the classroom</li> </ul>

walked up to the auditor, introduced himself and indicated their rank, and shook the auditor's hand.

-At no time during the two days the auditor was on-site, did the auditor observe the agency deviate from their staffing plan. The auditor also observed surveillance cameras throughout the agency's physical plant, including two cameras in each Dorm building, cameras in the Administration Building, and cameras located in the agency's school building. The PC reported to the auditor during the facility inspection that only administrators and supervisors have access to review surveillance video and the playback goes back approximately 2 weeks. The cameras are positioned in such a way to provide sufficient coverage without invading on any private areas, such as the restroom or shower areas on each dorm.

**Explanation of determination:**

**115.313:**

**(a) through (c):**

The auditor reviewed the facility's Supervision and Monitoring Policy (6.13 Staffing Plan) and email correspondence provided in the OAS that describe the need to reduce the number of intakes due to the effects of the COVID-19 pandemic. Each document reviewed helped to sufficiently demonstrate to the auditor how the agency complies with the requirements of the provisions (a) and (b) of this PREA standard, even through the COVID-19 pandemic. Furthermore, the PC helped to explain how the facility was, and still is, able to calibrate the number of residents accepted into the facility with the number of staff available to provide direct care supervision.

The facility's staffing plan provides for adequate staffing levels and video monitoring where available to protect residents against sexual abuse and sexual harassment. The plan identifies procedures that help to ensure adequate staff coverage when staff call in sick or request time off, as well as how the facility ensures the 1:6 and 1:12 staffing ratios at all times, which substantially exceeds the PREA required minimum staff to resident supervision ratios of 1:8 and 1:16. Additionally, the Staffing Plan specifically includes the requirement for facility leadership to review the 11 elements (1-11) of provision (a) of this PREA standard. Lastly, the PC indicated in the PAQ that the facility has not had to deviate from their staffing plan; however, if a deviation were to occur, it would be documented on the daily shift reports and on an unusual occurrence form.

Per the facility's Staff Plan and Supervision and Monitoring Policy 6.13, the facility exceeds the PREA minimum staff ratio requirements and complies with the state of Louisiana's Licensure requirement with Louisiana DCFS office as for supervision staff ratios of 1:6 during waking hours and 1:12 during sleeping hours. This exceeds the minimum staff to resident supervision ratios set forth by this provision. As noted above, the auditor verified that the 1:6 ratios were being complied with while on-site, in which the facility exceeded the minimum staffing ratio set forth by agency Policy 6.13. The resident population during the on-site was 22 residents, and, as verified during the two days on-site, each day shift had at least 5 staff on shift supervising residents. Furthermore, the auditor was provided the agency's staffing schedule for the week of the on-site, and upon review of this document, the auditor confirmed that all three shifts (8a-4p, 1:45p-12a, & 11:45p-9a) exceeded the PREA required staff to resident supervision ratios. The auditor verified that each day shift had at least five staff scheduled to provide direct supervision of the 22 residents, which is a 1:4.4 ratio and exceeds the PREA 1:8 for programming hours. In addition, the auditor was able to verify that the overnight shifts for the week of the on-site were staffed with at least 3 Direct Care Staff (1:7.3 ratio), which also exceeds the PREA staffing ratio requirement of 1:12 for non-programming hours.

Note: AMKids Acadiana is an unsecure facility, as verified by the auditor during the on-site. Therefore, the facility is not required to adhere to the requirements associated with provision (c) of PREA standard 115.313. However, since the facility complies with all the requirements of provision (c), the auditor determined that the agency exceeds the requirements of provision (c) and should continue the practice as detailed in this subsection of the report in order to maximize the facility's efforts in ensuring sexual safety practices are maintained.

**(d):**

The auditor verified that the facility's Staffing Plan was reviewed on 9/10/2021 by the Acadiana PC and Executive Director of the facility, and the auditor confirmed that Policy 6.13, as well as the facility's Staffing Plan, include the PREA requirement of conducting annual reviews of the Staffing Plan to assess, determine, and document whether adjustments are needed to the elements associated with provision (d) of this PREA standard. The PC provided the auditor with Staffing Plan Reviews for 2020 and 2021, with the current year's Staffing Plan due to be completed in September of 2022. Each Staffing Plan Review included a detailed assessment whether modifications were needed to the staffing plan, prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to ensure adherence to the staffing plan.

**(e):**

Through reviewing the facility's Supervision and Monitoring Policy (6.13) and a sample of completed Unannounced Round Forms, the auditor determined the facility sufficiently demonstrated how intermediate or higher-level facility staff conduct the PREA required unannounced rounds pursuant to the provision requirements of this standard. Additionally, the auditor

confirmed Policy 6.13 also includes the prohibition to ensure staff are not allowed to alert other staff members of the unannounced rounds being conducted.

The auditor reviewed nine (9) Unannounced Round Forms that were completed prior to the on-site visit from January 2022 to March 2022, and each form reviewed indicated that the rounds were conducted by a shift supervisor or the Director of Operations and subsequently reviewed by both the Executive Director and PC. Each Unannounced Round Form provided was verified by the auditor to have been conducted on random days and at random times for the morning, afternoon, and overnight shifts. These documented rounds sufficiently demonstrate how shift supervisors, as well as the Director of Operations (Superintendent), conduct the unannounced rounds at least bimonthly on each shift to deter sexual abuse and sexual harassment. The Unannounced Round Form requires the supervisor to answer the following questions:

- Were all youth in line of sight supervision at all times?
- Were PREA hotline numbers posted in all areas youth frequent?
- Is the Staffing Plan being adhered to?
- Did female staff announce themselves before entering the dorms?
- Are any female staff performing searches on youth?
- Are any female staff supervising the restroom or shower times?
- Was there two staff of the same sex as the youth performing the strip search?

Additionally, the PC provided the auditor during the on-site completed examples of the Director of Operations (DO) Daily Shift Logs (total of 7), which clearly indicated the date and time the DO conducted the unannounced rounds in April and May of this year. Each documented unannounced round was conducted on random days and at random times for the morning, afternoon, and overnight shifts.

Upon assessing all the unannounced round documentation provided, the auditor was unable to determine a predictable pattern and all were conducted on random days and at random times.

Note: As explained in subsection (a-c) of this section, AMLkids Acadiana is an unsecure facility, as verified by the auditor during the on-site. Therefore, the facility is not required to adhere to the requirements associated with provision (e) of PREA standard 115.313. However, since the facility complies with all the requirements of provision (e), the auditor determined that the agency exceeds the requirements of provision (e) and should continue the practice as detailed in this subsection of the report in order to maximize the facility's efforts in ensuring sexual safety practices are maintained.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the elements of this standard. No corrective action is required.**

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b><u>115.315</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Facility Policy 6.15 (Limits to Cross-Gender Viewing &amp; Searches)</li> <li>- Staff Training Sign in Sheets (x2)</li> <li>- Moss Group Training Curriculum (Guidance in Cross-Gender &amp; Transgender Pat Searches)</li> <li>- Training Curriculum on how to communicate effectively &amp; professionally with residents, including LGBTQI youth.</li> <li>- Signage for opposite gender staff to announce their presence before entering the dorm</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed twelve (12) randomly selected direct care staff, which included state certified teachers and Direct Care Staff (DCS). The sample size included staff from all shifts, including from the morning, afternoon, and overnight shifts. There were four (4) teachers and one (1) DCS interviewed who work the morning shift, three (3) DCS from the afternoon shift, one (1) DCS Supervisor from the afternoon shift, and three (3) DCS from the overnight shift. Out of the 12 random staff interviewed, three overnight staff and one teacher interviewed explained that a cross-gender pat search (female staff pat searching a male resident) can be performed as necessary for safety and security reasons when no male officer is on-duty. One overnight staff said that she has conducted a pat-search on a male resident due to contraband being suspected and no male on-duty. The auditor was able to verify that the remaining eight (8) staff interviewed understand the prohibition the agency has against cross-gender searches of any kind, including cross-gender pat-searches, and these 8 staff members articulated the process of calling in a male supervisor to assist if needed for a same gender pat-search (e.g., suspicion of a weapon or drugs on a resident's person).</li> <li>-The auditor also interviewed ten (10) randomly selected residents, plus one targeted resident, for a total of eleven (11) residents interviewed. All the residents but one explained how a they have never been pat-searches, or searched in any manner, by a female staff member, or have observed a cross-gender search of any kind being performed in their presence at the facility. There was one resident who explained he witnessed a female staff attempt to pat-search a male resident due to the resident hiding medication; however, this resident explained further that the resident ended up pulling the pills out of his shorts and handing the medication (pills) over to the staff member.</li> <li>-During the PC's interview, the PC explained that all staff are trained on how to conduct same gender pat-searches, cross-gender pat-searches, and pat-searches of transgender and intersex residents. The PC identified the Moss Group Pat-Search training as the video used to train all staff, as well as explained how all staff are trained in-house on the agency's procedures for pat-searches. The PC indicated that a male staff is available 24/7, either with being on-site or on-call, and there has not been an incident that she is aware in which a female staff pat-searched a male resident; therefore, no such documentation was made available.</li> </ul> <p><b>Site Review Observations:</b></p> <ul style="list-style-type: none"> <li>- During the two days the auditor was on-site, no searches of any kind were observed. The auditor also observed the dorm style living quarters, which included discrete and private shower and restroom areas where residents are able to change clothes, use the restroom, and shower without staff observing. The auditor confirmed with each resident and staff interviewed that residents are able to shower, change out, and use the restroom in these private areas without staffing watching, and each individual interview advised in the affirmative response.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.315:</b></p> <p><b>(a):</b></p> <p>Facility Policy 6.15 includes the requirements of this PREA standard and specifically prohibits cross-gender searches of any kind in the facility, without any exemption allowed for exigent circumstances. Furthermore, the auditor determined through interviewing the random sample of residents and staff, as well as talking with administrative staff, that the agency does not conduct strip searches or visual body cavity searches of any kind.</p>

Additionally, the Pre-Audit Questionnaire (PAQ) indicated the facility has had zero cross-gender searches of any kind, which are prohibited per the facility's Policy, 6.15.

**(b):**

Policy 6.15 affords transgender and intersex residents with the option to choose what gender staff they want to conduct the pat-down search, in which the searches must be conducted, per this Policy, "in a respectful and professional manner." The Moss Group training on how to conduct pat-searches on a transgender or intersex youth was, as verified by the auditor, provided to the security staff in the facility, and this training provides for a compliant method of ensuring cross-gender pat-searches and pat-searches of transgender/intersex residents are conducted in the most respectful and professional manner possible.

Policy 6.15 explicitly states, "**cross-gender pat-down searches are prohibited.**" This Policy statement does not allow for any exigent circumstance exception for when a cross-gender pat-search can be performed in the facility; therefore, the practice of a female staff pat-searching a male resident should be prohibited in all instances, regardless of any exigent circumstance. Furthermore, the agency did not provide the auditor with a policy or written procedure on how the required same gender pat-search should be performed and for what reasons, which leaves the auditor to question the reason for conducting a pat-search at all on a resident. Also, the agency's Staffing Plan and provided agency policies do not include a requirement to have a male staff on-duty or on-call 24 hours a day and 7 days a week, which if such a policy were enacted, would ensure a male staff would be available at all times to conduct a same gender pat-search. Subsequently, with a male staff always available to conduct a pat-search, either with being on-site or on-call and able to respond as necessary, the agency could be found compliant with their current policy of prohibiting cross-gender pat-searches regardless of any exigent circumstances.

As a best practice recommendation, it is recommended, however not required, to add the above requirement to the agency's Staffing Plan and applicable facility policy. Furthermore, as noted above in the staff interview section, there were four staff who stated in their interviews that cross-gender pat-searches can be conducted if no male staff is available, as well as there was one resident that stated he observed a female staff attempt to conduct a pat-search on a male resident. This practice of female staff allegedly being allowed to conduct pat-searches on male residents, if true, is completely against the agency's own policy, Policy 6.15. Furthermore, even if the such a search was conducted due to NO male staff on-duty and due to suspicion of dangerous contraband, the fact that no male staff is on-duty for a particular shift is not considered an exigent circumstance. Per the PREA definition of an exigent circumstance, the situation must be a type of **temporary and unforeseen** circumstance that requires immediate action in order to combat a threat to the security or institutional order of a facility. Not scheduling a male on a particular shift is not unforeseen because staff schedules and the male to female ratio of staff can be foreseen and controlled, to an extent, by management.

Through reviewing the agency's PREA search policy (6.15) and through interviewing a random selection of staff and residents, the auditor determined that there is a discrepancy in operational practice and staff understanding of the requirements associated with a female staff being allowed to pat-search a male resident. Due to the cross-gender situations explained by staff and the one resident, it was determined by the auditor that these incidents did not involve an exigent circumstance and, therefore, were not compliant with provision (b) of PREA standard 115.315. The agency is required to develop a correction action plan, which will ensure all staff are aware of the prohibition of conducting cross-gender pat-searches, as well as take into consideration the proposed best practice of requiring a male staff either on-duty or on-call at all times to ensure there would never be a situation where a female staff would need to conduct a pat-search on a male resident, except in an exigent circumstance.

Note: The majority, (8) of the staff interviewed, which were staff who mainly work first and second shifts at the facility, understood that cross-gender pat-searches of any kind are prohibited, as stated in Policy 6.15.

**(c):**

The PC advised that she was not aware of any situations involving cross-gender pat-searches that occurred in the facility; therefore, no such documentation was provided. However, the auditor determined that it is more likely than not that documentation and justification of a cross-gender pat-search should have been completed pursuant to provision (c) due to the information received from the interviews conducted on-site. The auditor determined the agency is not compliant with this requirement of standard 115.315 (c) and is required to develop a corrective action plan.

**(d):**

Policy 6.15 includes procedures that prohibit staff of the opposite gender from viewing residents while showering, changing clothes, and performing bodily functions, absent exigent circumstances or instances when the viewing is incidental to routine dorm checks. In addition, the PC provided the auditor during the pre-onsite phase with pictures of the signage that is posted next to each dorms' entry door, which reads: "**ALL FEMALES NEED TO ANNOUNCE THEMSELVES WHEN ENTERING THE DORMS.**" It is important to clarify that the facility only houses male residents; therefore, male staff are not required to announce their presence in the facility, only female staff. To ensure female staff are making the required announcement

before entering the housing units, the auditor asked each of the eleven (11) residents interviewed if they have witnessed female staff announcing their presence when entering their dorms. Out of the 11 interviewed, six (6) stated that female staff do not make this announcement every time they enter the dorm, only sometimes. The remaining five (5) stated that female staff make the announcement 100% of the time when entering their dorm building. Additionally, the auditor interviewed twelve (12) randomly selected staff who work directly with the residents, and 100% of the 12 confirmed that anytime a female staff enters the dorm, they are required and do make an announcement such as, "female on the dorm" or "female entering the dorm."

The auditor discussed the inconsistent responses received by the residents interviewed with the PC after the on-site regarding the female staff announcements, and the PC explained that female staff are required and trained to make the announcement when entering the dorms for the first time or when entering the dorm unexpectedly (i.e., entering a dorm to assist when the announcement has yet to be made). The PC also explained how female staff are trained and not required to make multiple announcements when assigned to a particular dorm of residents and transporting the residents throughout the complex and back to the housing unit. The PC believes that residents may have been confused when asked the question about whether female staff make the announcement every time they enter the dorm because female staff are assigned to remain with a dorm of residents throughout the entirety of a shift, which the auditor believes is a fair assessment of the inconsistent feedback from the six residents. Furthermore, during the on-site the auditor observed the dorm style living quarters, which included discrete and private shower and restroom areas where residents are able to change clothes, use the restroom, and shower without staff observing. The auditor confirmed with each resident and staff interviewed that residents are able to shower, change out, and use the restroom in these private areas without staffing watching, and each individual interview advised in the affirmative response.

With evaluating all the documentation and information provided from all parties interviewed, the auditor determine the agency complies with the requirements of provisions (d), and the required female staff announcements are being made pursuant to agency policy and the requirements of this PREA provision. The auditor is recommending, as a best practice, that the agency provide a refresher training for all the female staff working in the facility to ensure the requirements associated with making the opposite gender staff announcements are fully understood and practiced 100% of the time.

**(e):**

The auditor verified that Policy 6.15 includes language that AMIkids cannot search or physically examine a transgender or intersex resident solely to determine the resident's genital status. Furthermore, the PC explained to the auditor that the physical sex of a juvenile being admitted to the Acadiana program has already been determined by the State of Louisiana OJJ Youth Services, in which all juveniles referred are biological males. The Acadiana facility only accepts male youth who are involved with Louisiana's Office of Juvenile Justice (OJJ). Furthermore, each of the 12 staff interviewed verified this prohibition and advised that residents are pre-screened for acceptance before arriving at the facility. This pre-screening process was explained to include the practice of the OJJ sending birth certificates and other medical and personal information to the facility before the resident is transported and admitted. The case manager and PC also confirmed this practice during their individual on-site interviews.

**(f):**

The training curriculum the agency utilizes to train their security staff was provided to the auditor, which includes the following training topics:

- Guidance in Cross-Gender & Transgender Pat Searches (Moss Group 2015)
- Working with LGBTQI Youth

Upon the auditor's review of the Moss Group training curriculum, the auditor determined the facility's training material provides sufficient instruction on how security staff should conduct cross-gender pat-down searches (*although, prohibited per facility policy*) and searches of transgender and intersex residents pursuant to the requirements of this PREA standard. Additionally, the training material provided for "Working with LGBTQI Youth" provides staff with an extra level of understanding for working effectively with this vulnerable population. This training included information about terminology relating to and experiences of LGBTQI youth, a look at the challenges LGBTQI youth face in the juvenile justice system, strategies to communicate effectively with LGBTQI youth, and agency responsibilities to LGBTQI youth under PREA.

The facility also provided the auditor with training sign-in sheets, which adequately demonstrated to the auditor that the security staff who work in the facility with the youth attended the trainings; however, due to the non-compliance determinations for provisions (b) through (d), the agency was not able to provide sufficient evidence that ALL staff UNDERSTOOD the training received in relation to prohibiting all instances of a female resident pat-searching a male resident. Due to this determination, the agency has been found to be non-compliant with provision (f) of standard 115.315.

**Corrective Action:**

On 08.04.2022, the auditor was provided the following corrective action information and applicable proof documentation:

- Updated agency Policy 6.15: Policy 6.15 was revised to include the requirement that a cross gender pat-search would only be conducted in the event of an exigent circumstance, with being fully documented in the agency's shift log report in order to provide the reason and justification for the cross-gender search. Upon the auditor's review of Policy 6.15, it was clear that the agency added the corrective action language in this policy, with an effective date of implementation of 06.13.2022. The Policy statement for 6.15 states, Cross-Gender searches will be conducted by a staff who has been properly trained to ensure proper searches are completed as necessary in exigent circumstances." Additionally, the relevant procedures included in 6.15 state: The agency shall not conduct cross-gender pat down searches except in exigent circumstances. In the event a cross-gender pat down search is performed, the incident will be documented to justify the search. The Staffing Plan ensures that procedures are followed to have at least one male-staff on shift to be available in the event of call in's for cross-gender ratio to be met. Transgender and intersex residents will be given the opportunity to choose if a female or male will conduct pat-down searches in a respectful and professional manner."
- The auditor was also provided training verification documents relevant to the corrective action plan for this standard. The verifications prove that staff working in the facility have been trained and understand the search requirements included in the corrective action for this PREA standard. The auditor also verified that each training verification document includes an acknowledgement of understanding statement, which ensures all staff who signed the training verification forms have received and understand the training received.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No further corrective action is required.**

**115.316 Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.316**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 6.16 (Residents with disabilities and residents who are limited English Proficient)
- Acadiana Interpreter Services form
- Deaf Action Center Brochure
- Consumer Guide for Video Relay Services
- Email communications from the Executive Director of AMIkids-Acadiana requesting translating services for a Spanish speaking resident
- Screening for Vulnerability to Victimization and Sexually Aggressive Behavior form (VSAB)
- Classification for Appropriate Placement form
- Classification for Appropriate Placement Re-Assessment form
- Special Education Report

**Interviews:**

- The auditor interviewed twelve (12) randomly selected staff, which included teachers, who provide direct supervision during educational times, and Direct Care Staff (DCS), while on-site. The sample size included staff from all shifts, including from the morning, afternoon, and overnight shifts. There were four (4) teachers and one (1) DCS interviewed who work the morning shift, three (3) DCS from the afternoon shift, one (1) DCS Supervisor from the afternoon shift, and three (3) DCS from the overnight shift. Each staff interviewed explained how translation/interpreting services are available to any resident who may be challenged with any type of language barrier, as well as the prohibition of allowing one resident to translate for another resident unless it is an emergency situation. Staff described how AMIkids provides residents access to professional interpreters and translators on an as needed basis to ensure effective communication of the agency's PREA information and education, and how specially trained and licensed mental health professionals are on-site to ensure all residents understand their PREA rights and PREA information received.

-The auditor also interviewed ten (10) randomly selected residents, plus one targeted resident, for a total of eleven (11) residents interviewed. Each resident was able to sufficiently articulate the PREA orientation they received during the intake process, as well as the more comprehensive PREA education provided by the PC within 10 days of being admitted into the facility. All the residents were aware of multiple internal and external methods of making a report of sexual abuse or sexual harassment, as well as their right to be free from sexual abuse, sexual harassment, retaliation for reporting, and staff neglect. Each resident affirmed they received the PREA information during intake (day of being admitted into the facility), as well as being provided a resident handbook and other PREA related documents (e.g., Resident Handbook, Grievance Procedures, PREA brochure and information packet). Additionally, all the residents interviewed identified the bulletin board that is located in each housing unit (Dorm), which was explained to include postings of PREA related forms and information regarding multiple ways to report, Hearts of Hope Advocacy Organization, zero tolerance policy, grievance procedures, etc.

- During the resident interviews, one resident advised the auditor that he had a disability that made it difficult for him to remember things. I asked this resident if he was explained the PREA information in a way that he was able to understand, and he described how intake staff and the PC went over PREA information with him and remembered some of what was covered. The resident was able to explain the different methods available to report, had a basic understanding of his rights, and was aware of agency's zero tolerance policy on sexual abuse and sexual harassment.

-During the PC's interview, the PC explained how she ensures all residents admitted into the facility fully comprehend the PREA information and education received by meeting with every resident within ten (10) days after being admitted into the facility. The PC described how she goes over the PREA Resident Power Point presentation with each resident and provides scenario based questions to ensure all residents, regardless of cognitive ability, understand the PREA information received. The PC described how she asks the residents PREA related questions and breaks down the PREA education to an appropriate level to ensure the information being provided is understood. The PC provided the auditor with an example of the agency's PREA information folder for residents, both available in Spanish and English. The folder included a PREA Orientation presentation, OJJ PREA Youth Safety Guide Brochure, the agency's Grievance form, and a form titled, *Youth*

*Confirmation of Receipt- PREA.* She described how the agency's case manager reviews the contents of the PREA folder with each resident upon being admitted into the facility (day of), as well as the process of the PC reviewing everything again within 10 days of each resident's admittance into the facility, as noted above. The PC is a licensed master counselor, who explained how she is able to effectively articulate the PREA comprehensive education in such a way that all residents are able to easily understand. The PC also explained how interpreters and translation services are available for instances involving a language barrier, which can be promptly set up on an as needed basis. The PC was asked about the resident who disclosed having a disability during the random resident interviews, and she recalled how she met with this particular resident one-on-one to go over the comprehensive PREA education within 10 days of the juvenile entering the facility. The PC provided specific examples of how she broke down the PREA information to ensure this particular resident understood what was being provided, as well as reviewed some scenarios with the resident.

-The auditor interviewed the facility's intake officer (case manager), who conducts the admission process for the majority of residents being admitted into the facility. The case manager explained how she provides the initial PREA orientation within a few hours after a juvenile first arrives at the facility. The PREA orientation includes the agency's PREA Orientation presentation, OJJ PREA Youth Safety Guide Brochure, the agency's Grievance form, and a form titled, *Youth Confirmation of Receipt- PREA*. The case manager advised she ensures all resident understand the PREA information being received by asking them questions and going over all the information verbally with each resident. She also explained how a interpreter or translation services can be utilized on an as needed basis.

**Site Review Observations:**

- During the on-site, the auditor verified that all the residents interviewed understood their PREA rights, were knowledgeable of the agency's zero tolerance policy, and understood the process for making a report privately, confidentially, anonymously, and through third parties. Furthermore, each resident interviewed clearly spoke English as their primary language and no language barriers were discovered by the auditor. The auditor also observed several PREA related documents and posters posted throughout the facility- including the large bulletin board located in each housing area. These bulletin boards included:

- PREA Information on how to report sexual abuse, sexual assault, or sexual harassment.

- Names of organizations and agencies that a resident can contact if a victim of sexual abuse or sexual harassment (OJJ and Hearts of Hope).

- "Youth Safety- Speak Out/Break the Silence- Tell Someone" (There is NO excuse for abuse)

- Hearts of Hope ("support services for the sexually abused, with 24/7 phone number)

- Mandated Reporters poster (Louisiana Child Protective Statewide Hotline number)

- Student Rights

- Prohibited Practices

- Rules of Conduct

- Grievance Process

- AMLkids Complaint Procedure

**Explanation of determination:**

**115.316**

**(a) through (c):**

The auditor analyzed the agency's PREA Policy, 6.16, which provided procedures for the facility to follow to ensure disabled residents have 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. The auditor verified during the on-site that printed Spanish PREA informational packets are available to residents whose primary language is Spanish. Additionally, as per Policy 6.16, AMLkids has interpreter staff available for situations involving a language barrier or inability to ensure effective communication to a resident who is LEP or disabled.

The auditor was also provided a list of the facility's interpreting services, which includes three methods of contacting an interpreter/translator to assist on an as needed basis. The list includes a professional translator, American Language Services (AML) 1-800 number, and the Executive Director. The auditor interviewed the professional translator over the phone before the on-site, and the translator was able to provide the auditor with information on how interpreting services would be provided if requested by the facility. Additionally, the auditor researched AML Global online and was able to verify

that this company is able to provide interpreting services 24 hours a day and 7 days a week (either on-site or virtually).

Additionally, the PC provided the auditor with a report of residents who receive special educational services through the sending independent school district. This report included the resident who was interviewed and reported to have a disability. The PC explained how this report is used to ensure the administration and teachers are aware of which residents receive, or need to receive, special education services. The PC described how she, and the other licensed master counselor, use this report to ensure the residents who receive special education services fully understand the PREA information and education received by meeting with these residents one-on-one.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><u><b>115.317</b></u></p> <p data-bbox="240 327 943 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="240 383 1246 640" style="list-style-type: none"> <li>- Facility Policy 6.17 (Hiring and Promotion Decisions)</li> <li>- AMIkids document on procedures related to the State of Louisiana Registry Disclosure Form</li> <li>- State of Louisiana Depart. of Children and Family Services State Central Registry Disclosure Form</li> <li>- PREA Annual Questionnaire (*evaluations &amp; promotions)</li> <li>- PREA Questionnaire (*initial hire)</li> </ul> <p data-bbox="240 672 363 698"><b>Interviews:</b></p> <ul data-bbox="240 728 1485 1256" style="list-style-type: none"> <li>- The auditor interviewed the facility's Business Manager (BM), who has fourteen (14) years experience working for AMIkids Acadiana. The BM explained the agency's hiring and contracting process, which involves a initial criminal history check that is processed by the State of Louisiana for the state (LA) and national (FBI) checks. Additionally, she advised that all contractors, volunteers, and employees are screened through the Louisiana's Department of Child and Family Protective Services (DCFP), and this agency conducts two different child abuse registry checks- the Child Abuse Neglect Screening (CANS) and the DCFP child abuse registry check. The BM also provided information on how the agency receives the screening results of the Diana Screening, which is conducted on all potential employees and contractors and volunteers who may have contact with residents. The BM was not aware if the agency asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of standard 115.317 in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. She advised that she would have to review this issue with cooperate and provide more information at a later time. The BM did provide confirmation that the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct, as per the agency's Policy. Lastly, the BM advised that AMIkids corporate would be responsible for providing 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. She explained that this information would be provided unless it was prohibited by law.</li> </ul> <p data-bbox="240 1288 563 1314"><b>Explanation of determination:</b></p> <p data-bbox="240 1346 384 1373"><b>115.317 (a-h)</b></p> <p data-bbox="240 1404 284 1431"><b>(a):</b></p> <p data-bbox="240 1462 1485 1688">Agency Policy 6.17 (Hiring &amp; Promotions) includes the prohibitions for hiring and promotions pursuant to the requirements of this PREA standard. The agency ensures staff, contractors, and volunteers are effectively vetted and screened according to the requirements of this standard through the process of completing state and FBI criminal history checks annually, as well as through conducting child abuse registry checks annually through the Louisiana Department of Child and Family Services (DCFS). Additionally, the agency requires all potential employees, contractors, and volunteers to be screened using the Diana Screen, which helps to ensure no person who is a risk to sexual abusing a resident is allowed access to any resident of AMIkids Acadiana.</p> <p data-bbox="240 1720 284 1747"><b>(b):</b></p> <p data-bbox="240 1778 1485 2038">Upon reviewing agency Policy 6.17, the auditor determined the agency includes a procedure related to the requirements of provision (b); however, this procedure is missing important elements of provision (b), such as: the agency taking into consideration <b>any incidents of sexual harassment</b> in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy 6.17 (7.) states, "AMIkids shall consider any <b>substantiated incident of sexual misconduct</b> in determining whether to hire, promote, or contract anyone." This omits the vital elements of this provision of considering not only substantiated incidents of sexual misconduct but also any incidents of sexual harassment. Due to this discrepancy in policy, the auditor found the agency to be deficient in complying with standard 115.317 (b) and corrective action is required.</p> <p data-bbox="240 2069 328 2096"><b>(c) - (e):</b></p> <p data-bbox="240 2128 1390 2154">As noted in subsection (a), above, agency Policy 6.17 (Hiring &amp; Promotions) includes the prohibitions for hiring and</p>

promotions pursuant to the requirements of this PREA standard. The agency ensures staff, contractors, and volunteers are effectively vetted through the process of completing state and FBI criminal history checks annually, as well as through conducting two different child abuse registry checks annually through the Louisiana Department of Child and Family Services (DCFS) and the Louisiana Child Abuse and Neglect Clearance System (CANS). Additionally, the agency conducts the Diana Screen on all potential new hires and contractors who may have contact with residents of the facility. The agency receives the results of the Diana Screen before a potential new hire or contractor has contact with residents, and a passing score is required for employment or contract of services, as per the agency's Business Manager.

Note: Per the Diana Screen Informational Brochure:

The Diana Screen® identifies risk. It is a pre-hire instrument that screens for adults who are the most likely to cross sexual boundaries with children and teens. These adults may violate sexual boundaries with children and teens or they may have sexually abused a child in the past. The screening process screens out:

- Applicants who fail to recognize adult/child sexual boundaries; and
- Applicants at high risk to have sexually abused a child in the past.

The Diana Screen® is dramatically more effective than criminal background checks to protect children and teens against the risk of sexual abuse by adults. Criminal background checks can only identify people with criminal convictions.

In order to assess compliance with this PREA standard in practice, the auditor reviewed a total of seven (7) randomly selected employee human resource files, as well as the one contractor's file who has contact with residents. Per the PC and Business Manager, this is the one and only contractor for the agency, and this contractor provides special educational services to the residents and is employed by the local school district.

Out of the 7 employee files reviewed with the Business Manager while on-site, all 7 included the required initial and annual criminal history and child abuse registry checks, as well as reference checks completed- including applicable institutional reference checks. In addition, the one contractor file reviewed also included the required criminal history and child abuse registry checks. No issues were discovered during this review for the background and reference check requirements, and the auditor determined that the agency conducts the required criminal history checks, child abuse registry checks, and institutional reference checks as required by this standard. However, upon having a discussion with the BM, it was determined that the PREA questions required to be directly asked about previous misconduct described in paragraph (a) of standard 115.317 in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees- were not being conducted. As documented in the interview section above, the BM advised she would to review this issue with cooperate and provide more information at a later time.

As explained by the PC and BM, and as verified by the auditor through the employee file review described above, the agency conducts criminal background records checks annually of current employees and contractors who may have contact with residents.

**(f):**

As noted in the subsection above, the auditor determined that the PREA questions required to be directly asked about previous misconduct described in paragraph (a) of standard 115.317 in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees- were not being conducted. Furthermore, the auditor confirmed that this requirement is explicitly included in Policy 6.17 (6.).

Due to this failure to conduct the requirements associated with provision (f), the agency has been found to be deficient in complying with the elements of standard 115.317 (f) and corrective action is required.

**(g):**

The auditor was unable to locate the requirement of provision (g) in the agency's Hiring and Promotional Decision Policy (6.17). The auditor did analyze subsection (9.) of this Policy; however, the procedures discuss in (9.) relate to an employee's requirement to report to their immediate supervisor within 24 hours any arrest, which includes any notice to appear in court for criminal charges. The requirements of provisions (g) are regarding not only any arrest but also the misconduct associated with provision (a), which includes element (3.): "Has been **civily or administratively adjudicated** to have engaged in the activity described in paragraph (a)(2) of this section." This element of (a) does not require an arrest to be involved, as what is required by agency Policy 6.17.

**(h):**

The BM advised during her interview that AMIkids corporate would be responsible for providing 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. She explained that this information would be provided unless it was prohibited by law.

**Corrective Action:**

On 08.04.2022, the auditor was provided the following corrective action information and applicable proof documentation:

- Policy 6.17 was revised to include the PREA requirement to directly ask employees about previous misconduct described in paragraph (a) of standard 115.317 in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. As verified by the auditor, Policy 6.17 includes this requirement on page 2 and was fully implemented on 06.13.2022.
- The agency also created a AMIkids New Hire Questionnaire, which includes the three PREA questions required to be directly asked to all new hires and current employees. Per the documentation from the PC, the questionnaire has been added to the interview process for new hire, promotions, and self-evaluations.
- PREA Annual Questionnaires completed for evaluations and promotions for current AMIkids Acadiana staff.
- PREA Questionnaires completed for two of the most recent new hires.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No further corrective action is required.**

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b><u>115.318</u></b></p> <p data-bbox="240 329 304 356"><b>(a-b):</b></p> <p data-bbox="240 387 1489 546">The PC indicated in the PAQ that the facility has NOT acquired a new building or made a substantial expansion or modification to existing facilities since their last PREA audit. Additionally, the PAQ indicates that the facility has NOT installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit. This information was also verified during the on-site inspection, with the auditor unable to identify any portion of the facility that included any recent modifications or additions.</p> <p data-bbox="240 577 1489 871">The auditor interviewed the PC and Director of Operations/DO (Superintendent) during the on-site, and both the PC and DO confirmed that the agency has not acquired any new building or made a substantial expansion or modification to existing facilities since their last PREA audit. Additionally, each administrator was able to provide a detailed description of their video monitoring system, and the DO advised that the facility recently added two cameras to increase safety and security of the facility. The cameras added included one in the cafeteria, near a storage room, and one in the administration building (in the staff break room area). Furthermore, the PC and DO explained in their individual interviews that if the agency were to acquire a new building, make substantial expansions or modifications to existing facilities, or updated their video monitoring system; agency leadership would consider and assess how such upgrades to facilities and technology would effect overall safety of the residents and staff and the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="240 902 376 929"><b>Conclusion:</b></p> <p data-bbox="240 960 1489 1021"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 327 297"><u>115.321</u></p> <p data-bbox="244 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1276 869" style="list-style-type: none"> <li>- Facility Policy 6.21 (Evidence Protocol &amp; Forensic Medical Examinations), including attachment 6.22A</li> <li>- MOU between Hearts of Hope &amp; AMIkids Acadiana</li> <li>- Memo from State of Louisiana Office of Juvenile Justice (OJJ) to AMIkids Acadiana</li> <li>- MOU pending from AMIkids Acadiana to the Acadia Parish Sheriff's Department</li> <li>- Sexual Abuse Incident Checklist Sheet</li> <li>- AMIkids Acadiana Unusual Occurrence Report</li> <li>- Email communications from OJJ to PC</li> <li>- Acadia Parish Sheriff's Office case information card</li> <li>- OJJ PREA Field Investigations Provision of Information to Facility/PREA Notification</li> </ul> <p data-bbox="244 902 363 929"><b>Interviews:</b></p> <ul data-bbox="244 958 1492 2139" style="list-style-type: none"> <li>- The auditor interviewed the PC, who explained the process of reporting all sexual abuse allegations to the State of Louisiana Office of Juvenile Justice (OJJ), the Louisiana Department of Family Protective Services (DFPS), and the Acadia Parish Sheriff's Department (APSD). In the past 12 months, the PC reported to the auditor that the agency has had two allegations of sexual harassment and no allegations of sexual abuse. The two allegations of sexual harassment were referred to the OJJ PREA Investigative Division, and the outcome of each investigation was unfounded. The PC also explained how the Hearts of Hope advocacy organization is responsible for providing advocacy services to a victim of sexual abuse, as well as emotional support services to any resident in the facility, at the resident's request. The Hearts of Hope is also responsible for arranging for a forensic interview and SANE/SAFE exam for any survivor of sexual abuse referred from AMIKids Acadiana. The PC also explained the due diligence she has taken to reach out to APSD in order to begin the process of entering into a MOU or other agreement, as required by standard 115.321 (f). The PC provided the auditor with the pending MOU with APSD, which includes the investigatory requirements of standard 115.321 (f) and (a) through (e). The PC has called APSD, emailed, and went in-person to the Sheriff's Department, but she has yet to receive any formal response from the Sheriff's Department. The auditor advised that if the APSD does not respond to the request to enter into an agreement or MOU, to have the MOU or, at least, the language from the MOU readily available to provide the Sheriff's Department at any point that the APSD conducts a criminal investigation in the facility. Furthermore, the PC is a licensed master level counselor, who provides mental health services and treatment to residents in the facility. Such treatment may include emotional support or crisis intervention services for a victim of sexual abuse or sexual harassment, as well as providing these services for any resident who makes a request. Lastly, the PC advised the last sexual abuse allegation or incident to report to investigators was in February of 2021, as also indicated in the PAQ, in which the OJJ found this allegation to be unsubstantiated. The PC also reported to the auditor that the agency had two allegations resident-on-resident sexual harassment that were alleged since January 2021, with one of the investigations being determined to be unfound and the other was determined to be unsubstantiated by OJJ.</li> <li>- The auditor also interviewed two employees from Hearts of Hope, the Regional Child &amp; Youth Trafficking Coordinator and the SART Coordinator Lead Survivor Advocate. Each advocate provided the auditor with details of the MOU between Hearts of Hope and AMIKids Acadiana, as well as each agency's responsibilities related to the applicable PREA requirements of providing an advocate, emotional support services, and a 24/7 hotline number for anyone to reach out to to make a report of sexual abuse or sexual harassment, as well as to request emotional support services if a resident from AMIkids. The advocates advised that an advocate is available 24/7 and is required, at the resident's request, to accompany and support the victim through the forensic medical examination process and investigatory interviews. They also explained how their organization is able to provide emotional support and crisis intervention services to any resident in AMIkids Acadiana, as well as information and referrals to other helpful agencies and organizations.</li> <li>- The auditor interviewed another one of the agency's master level counselors, who verified that Hearts of Hope (HOH) is responsible for conducting the forensic exam for any resident who is a victim of sexual abuse and provide advocacy services, as well as emotional support services as needed for any resident in the facility. HOH organization is required, per</li> </ul>

the MHP, to work collaboratively with law enforcement and AMIkids to ensure a survivor of sexual abuse would be provided all the PREA required services and follow-up care.

- The auditor contacted a local SANE nurse who works directly with Hopes of Heart for any victim of sexual abuse who may need a forensic examination and medical evaluation (SANE/SAFE). The nurse advised that if a resident from AMIkids Acadiana was sexually abused, the timeliness of when the SANE could be conducted depends on the following:

- If the child is disclosing outside of the 72 hour window where we can collect evidence, the child is usually scheduled for a forensic interview first and then scheduled for a medical evaluation. If the child already completed a forensic interview at another facility (e.g., Hearts of Hope), a copy of the report would need to be provided to me. The LEA responsible for investigating the case needs to authorize the medical evaluation. A caregiver (whether legal guardian or the state if they have custody) need to provide consent for medical evaluation in conjunction with the child being examined.
- If the child is within the 72 hour window where evidence can be collected, they would go to one of the hospitals that are serviced by our SANE program in Lafayette. We provide services to all facilities in Lafayette, St. Martin Hospital in Breaux Bridge, and Abbeville General in Vermilion. We do not currently have 24/7 coverage, so there is no guarantee that a SANE will be available when the child presents to any of the above facilities. We currently only have 4 pediatric SANEs and none of our SANEs are employed on a full time basis. I am in this office on Tuesdays only. So once the forensic interview is done (if one was not done previously), the child would be scheduled on a Tuesday as soon as possible. If it is an acute exam (within the 72 hour window), the hospital where the patient presents would call the crisis line and a SANE would be dispatched at that time (if one is on call). Otherwise, the hospital is responsible for collecting evidence.

The auditor viewed the agency's policies related to investigations in the PREA Manual, and each Dorm had postings of the agency's responsible for conducting administrative and criminal investigations in the facility. This information is also located on the agency's website: <http://amikids.org/programs-and-services/programs/amikids-acadiana/pre>

a

**Explanation of determination:**

**115.321:**

**(a & b):**

The agency is not responsible for conducting a criminal or administrative investigation at the facility, as per Policy 6.21. The State of Louisiana OJJ is responsible for conducting any and all administrative investigations, and the Acadia Parish Sheriff's Department (APSD) is responsible for all criminal investigations. This was apparent through the auditors review of the answers provided by the PC in the PAQ, through a review of the agency PREA Policy Manual and supplemental forms, and through interviews with staff and administrators from the facility. Ultimately, the PC determined that the provision requirements of (a) and (b) are not applicable to the agency. However, it is important to note that the PC provided the auditor with a memo from the OJJ from January 20th, 2022. This letter indicates that the OJJ has staff trained as investigators who may be available or called upon to assist in investigating PREA-related incidents at AMIkids- Acadiana. On January 19, 2022, there were three (3) Probation and Parole staff members that received a two-day training session conducted by the Investigative Services Division. Collectively, there are now twenty-three (23) Probation and Parole staff members that are trained to investigate PREA allegations. These staff have received the following training, which is in compliance with juvenile PREA standard, 115.334:

- Sexual Relations in Prison
- Preponderance of Evidence
- Civil Liability
- Introduction to PREA Standards Dynamics of Sexual Abuse
- Interviewing Youth
- Agency Culture
- Boundary Violations
- Grooming
- Trauma Issues
- First Response/Evidence Collection Process of Rape Investigations
- Protocol of Conducting Investigations Follow Up Responsibilities of Investigations Report Writing
- Sexual Harassment
- Credibility Assessment
- Louisiana State Statues (Sexual Offenses)

In order to further demonstrate compliance with this standard, the PC provided the auditor with the following investigatory forms:

- Sexual Abuse Incident Checklist Sheet
- AMIkids Acadiana Unusual Occurrence Report
- Email communications from OJJ to PC
- Acadia Parish Sheriff's Office case information card
- OJJ PREA Field Investigations Provision of Information to Facility/PREA Notification

The above documents were provided for one allegation of resident-on-resident sexual abuse from February 2021. The Unusual Occurrence Report provided for the 2021 sexual abuse allegation described how the initial allegation was privately reported to two AMIkids staff members, as well as the following timeline of events (all occurring on the same day as when the initial report was made):

- A resident reported an allegation of resident-on-resident sexual abuse to two staff members at 3:00pm.
- Executive Director and Director of Treatment both contacted at 3:13pm.
- Regional Director contacted at 3:15pm.
- Officers with OJJ contacted at 3:23pm
- Acadia Parish Sheriff's Department (APSD) at 3:40pm.
- The Executive Director arrived on-site at 3:50pm.
- Officer with APSD arrived at 4:00pm.
- Complaint number was provided by APSD, with advisement that a detective would be doing a follow-up.
- Alleged victim's guardian notified at 5:32pm.
- Officer with OJJ updated on status of the situation at 5:45pm.
- Both the alleged victim and perpetrator were separated in different dorms (housing areas) and remained with that living condition.

The PC also provided the auditor with the agency's Sexual Abuse Incident Checklist Sheet that was used for this allegation. This form included the following information related to the required PREA steps when responding to a sexual abuse allegation or incident (all events took place same day as when the allegation was first made to staff):

- 3:00pm: First responder separated inmate from alleged assailant and notified Shift Supervisor.
- 3:00pm: Victim was immediately escorted to the Team Leader Office.
- 3:00pm: Shift Supervisor stabilized/assessed victim.
- 3:00pm: The Executive Director or DO ensured that any agency required documentation was completed within 24 hours of the initial report or allegation of sexual abuse.
- 3:10pm: Shift Supervisor notified the DO, ED, (ADO after hours), and PREA Compliance Manager.
- 3:13pm: Shift Supervisor notified the DO, ED, (ADO after hours), and PREA Compliance Manager.
- 3:40pm: Shift Supervisor notified OCS, Law Enforcement, and mental health/victim services.

The PC also provided the auditor with email communications from administrative staff at AMIkids in regards to this sexual abuse allegation. The emails provided the following information:

- The communication that the detectives over the case were planning on scheduling an appointment for the alleged victim with the Hearts of Hope advocacy organization.
- A confirmation of the appointment the alleged victim had scheduled with Hearts of Hope.
- Confirmation that the initial appointment with Hearts of Hope was provided before the resident was released from the facility.
- A reminder to keep both the alleged victim and perpetrator separate until the investigation is completed.

- Confirmation that the resident was released within 30 days of the initial report of the sexual abuse allegation.

Lastly, the PC provided the auditor with the OJJ PREA Notification form, which included the name of the alleged victim, OJJ PREA Field Investigator, OJJ case number, date of report, the findings (unsubstantial), and a conclusion summary with a disposition of unsubstantiated.

Upon the auditor's analysis of the investigatory documents provided for the one sexual abuse allegation from 2021, the auditor determined that the agency adhered to the investigatory requirements of standard 115.322. Additionally, the agency further provided proof documents of how two administrative investigations were conducted for two allegations of sexual harassment (one allegation made in May of 2020 and the other in December of 2021), as detailed below:

- The sexual harassment allegation in 2020 was determined to be unsubstantiated by an OJJ PREA investigator, and the OJJ PREA Notification form was provided to the auditor for this sexual harassment allegation.
- The second sexual harassment allegation that occurred in 2021 was reported in the form of a resident grievance. The auditor was provided a copy of the grievance that alleged sexual harassment type behavior, the agency's PREA Investigative Plan form, individual counseling session notes, and an email summarizing the steps taken by the agency to investigate the grievance and keep residents safe. Upon review of these documents, the auditor was able to determine the agency took the necessary steps to resolve the grievance allegation by following up with all residents involved within 24 hours of the allegation being submitted.

**(c-e)**

Agency Policy 6.21 includes the requirements of provisions (c) through (e), and the MOU provided between Hearts of Hope (HOH) and AMIKids Acadiana also includes these requirements. The auditor verified that the MOU is a cooperative, collaborative commitment between HOH and AMIKids Acadiana. The purpose of the MOU is to define the relationship between AMIKids and HOH in addressing and reporting incidents or suspected incidents of sexual abuse, sexual assault, and severe physical abuse that may occur at the AMIKids Acadiana facility. HOH ensures a collaborative response by law enforcement, the crime lab, SANE nurses, advocates, caseworkers, therapists, and other necessary parties to victims who report sexual violence. Requests for services can be made 24-hours a day, 7 days a week to the crisis line, 337- 233-7273. Emergency room advocates and SANE services are available at any Lafayette parish hospital. In the event that there is not a SANE available, all Lafayette parish hospitals are designated SANE sites and services are still available. As noted above in the interview section, the auditor discussed with a local SANE nurse the process of AMIKids Acadiana referring a resident, through the assistance of Hearts of Hope, for a SANE/SAFE. The nurse confirmed the available procedures in place to ensure any victim of sexual abuse from AMIKids Acadiana is provided the required forensic interview and medical examinations pursuant to the requirements of this PREA standard.

Note: In the MOU between AMIKids Acadiana and Hearts of Hope, AMIKids agrees to the following:

- Designate a liaison to serve as a contact person for HOH cases.
- Provide AMIKids participants access to HOH 24-hour crisis line, 337-233- 7273. For the purpose of support and or advocacy not reporting an assault. An outside agency must be used for reporting
- Report all incidents or suspected incidents of sexual abuse, sexual assault, and physical abuse to the Department of Children & Family Services (DCFS) or to Law Enforcement (LE);
- Provide a case or incident report number;
- Refer AMIKids participants for SANE services as appropriate.
- Participate in Hearts of Hope's training to AMIKids employees regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- AMIKids employees will participate in the required Department of Children and Family Services training for mandatory reporting. Which can be found on Department of Children and Family Services website: <http://www.dcfslouisiana.gov>

Hearts of Hope agrees to:

- Designate a liaison to serve as a contact person for AMIKids cases
- Provide a 24-hour crisis line, 337-233-7273
- Report all incidents or suspected incidents of sexual abuse, sexual assault, and physical abuse to the Department of Children and Family Services (DCFS) or to Law Enforcement (LE)
- Provide SANE services as appropriate
- Provide Forensic Interview services to Department of Children and Family Services or LE
- Provide training to AMIKids employees regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- Provide education to AMIKids participants as requested regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- Provide advocacy and counseling services to AMIKids participants who report sexual abuse, sexual assault, and physical abuse

**(f):**

The agency's PREA Policy 6.21 includes the requirements of this provision, and the PC provided the auditor with the pending MOU with APSD, which includes the investigatory requirements of standard 115.321 (f) and (a) through (e). The PC has called APSD, emailed, and went in-person to the Sheriff's Department, but she has yet to receive any formal response from the Sheriff's Department. The auditor advised that if the APSD does not respond to the request to enter into an agreement or MOU, to have the MOU or, at least, the language from the MOU readily available to provide the Sheriff's Department at any point that the APSD conducts a criminal investigation in the facility.

**(g & h):**

Not applicable.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.321**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 6.22 (Policies to Ensure Referrals of Allegations for Investigation), including attachment 6.22A
- Contract between AMIkids Acadiana and the State of Louisiana Office of Juvenile Justice (OJJ)
- State of Louisiana (OJJ) 2020 Annual PREA Report
- 2021 PREA Monthly Reporting Chart for Acadiana Facility
- Sexual Abuse Incident Check Sheet
- AMIkids Acadiana Unusual Occurrence Report
- Email correspondence between AMIkids administration and OJJ
- Acadiana Parish Sheriff's Office Complaint Card, with case number
- OJJ PREA Field Investigations Provision of Information to Facility/PREA Notification
- Documents found on the facility's website, include:
  - AMIkids Acadiana 2020-2021 PREA Annual Numbers Report
  - AMIkids- Acadiana Third Party Reporting Form
  - 2020 PREA Report- State of Louisiana
  - 2019 PREA Audit Report

**Interviews:**

- The auditor interviewed the PC, who explained the process of reporting all sexual abuse allegations to the State of Louisiana Office of Juvenile Justice (OJJ), the Louisiana Department of Family Protective Services (DFPS), and the Acadia Parish Sheriff's Department (APSD). In the past 12 months, the PC reported to the auditor that the agency has had two allegations of sexual harassment and no allegations of sexual abuse. The two allegations of sexual harassment were referred to the OJJ PREA Investigative Division, and the outcome of each investigation was unfounded. The PC also explained how the Hearts of Hope advocacy organization is responsible for providing advocacy services to a victim of sexual abuse, as well as emotional support services to any resident in the facility, at the resident's request. The Hearts of Hope is also responsible for arranging for a forensic interview and SANE/SAFE exam for any survivor of sexual abuse referred from AMIKids Acadiana. The PC also explained the due diligence she has taken to reach out to APSD in order to begin the process of entering into a MOU or other agreement, as required by standard 115.321 (f). The PC provided the auditor with the pending MOU with APSD, which includes the investigatory requirements of standard 115.321 (f) and (a) through (e). The PC has called APSD, emailed, and went in-person to the Sheriff's Department, but she has yet to receive any formal response from the Sheriff's Department. The auditor advised that if the APSD does not respond to the request to enter into an agreement or MOU, to have the MOU or, at least, the language from the MOU readily available to provide the Sheriff's Department at any point that the APSD conducts a criminal investigation in the facility.

**Site Review Observations:**

- The auditor viewed the agency's policies related to investigations in the PREA Manual, and each Dorm had postings of the agency's responsible for conducting administrative and criminal investigations in the facility. This information is also located on the agency's website, via the agency's PREA Policy 6.76: <http://amikids.org/programs-and-services/programs/amikids-acadiana/prea>

**Explanation of determination:**

**115.322 (a-e):**

The agency is not responsible for conducting a criminal or administrative investigation at the facility, as per Policy 6.21. The

State of Louisiana OJJ is responsible for conducting any and all administrative investigations, and the Acadia Parish Sheriff's Department (APSD) is responsible for all criminal investigations. This was apparent through the auditors review of the answers provided by the PC in the PAQ, through a review of the agency PREA Policy Manual and supplemental forms, and through interviews with staff and administrators from the facility. Ultimately, the PC determined that the provision requirements of (a) and (b) are not applicable to the agency. However, it is important to note that the PC provided the auditor with a memo from the OJJ from January 20th, 2022. This letter indicates that the OJJ has staff trained as investigators who may be available or called upon to assist in investigating PREA-related incidents at AMikids- Acadiana. On January 19, 2022, there were three (3) Probation and Parole staff members that received a two-day training session conducted by the Investigative Services Division. Collectively, there are now twenty-three (23) Probation and Parole staff members that are trained to investigate PREA allegations.

Agency Policies 6.21 and 6.76 include the requirements this standard, and the MOU provided between Hearts of Hope (HOH) and AMIKids Acadiana also includes these requirements. The auditor verified that the MOU is a cooperative, collaborative commitment between HOH and AMIKids Acadiana. The purpose of the MOU is to define the relationship between AMIKids and HOH in addressing and reporting incidents or suspected incidents of sexual abuse, sexual assault, and severe physical abuse that may occur at the AMIKids Acadiana facility. HOH ensures a collaborative response by law enforcement, the crime lab, SANE nurses, advocates, caseworkers, therapists, and other necessary parties to victims who report sexual violence. Requests for services can be made 24-hours a day, 7 days a week to the crisis line, 337- 233-7273. Emergency room advocates and SANE services are available at any Lafayette parish hospital. In the event that there is not a SANE available, all Lafayette parish hospitals are designated SANE sites and services are still available.

In the MOU, AMIKids Acadiana agrees to the following:

- Designate a liaison to serve as a contact person for HOH cases.
- Provide AMIKids participants access to HOH 24-hour crisis line, 337-233- 7273. For the purpose of support and or advocacy not reporting an assault. An outside agency must be used for reporting
- Report all incidents or suspected incidents of sexual abuse, sexual assault, and physical abuse to the Department of Children & Family Services (DCFS) or to Law Enforcement (LE);
- Provide a case or incident report number;
- Refer AMIKids participants for SANE services as appropriate.
- Participate in Hearts of Hope's training to AMIKids employees regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- AMIKids employees will participate in the required Department of Children and Family Services training for mandatory reporting. Which can be found on Department of Children and Family Services website: <http://www.dcfslouisiana.gov>

Hearts of Hope agrees to:

- Designate a liaison to serve as a contact person for AMIKids cases
- Provide a 24-hour crisis line, 337-233-7273
- Report all incidents or suspected incidents of sexual abuse, sexual assault, and physical abuse to the Department of Children and Family Services (DCFS) or to Law Enforcement (LE)
- Provide SANE services as appropriate
- Provide Forensic Interview services to Department of Children and Family Services or LE
- Provide training to AMIKids employees regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- Provide education to AMIKids participants as requested regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- Provide advocacy and counseling services to AMIKids participants who report sexual abuse, sexual assault, and physical abuse

The also PC provided the auditor with the pending MOU with APSD, which includes the investigatory requirements of standard 115.321 (f) and (a) through (e). The PC has called APSD, emailed, and went in-person to the Sheriff's Department, but she has yet to receive any formal response from the Sheriff's Department. The auditor advised that if the APSD does not respond to the request to enter into an agreement or MOU, to have the MOU or, at least, the language from the MOU readily available to provide the Sheriff's Department at any point that the APSD conducts a criminal investigation in the facility.

The agency is not responsible for conducting a criminal or administrative investigation at the facility, as per Policy 6.21. The State of Louisiana OJJ is responsible for conducting any and all administrative investigations, and the Acadia Parish Sheriff's Department (APSD) is responsible for all criminal investigations. This was apparent through the auditors review of the answers provided by the PC in the PAQ, through a review of the agency PREA Policy Manual and supplemental forms, and through interviews with staff and administrators from the facility. Ultimately, the PC determined that the provision requirements of (a) and (b) are not applicable to the agency. However, it is important to note that the PC provided the auditor with a memo from the OJJ from January 20th, 2022. This letter indicates that the OJJ has staff trained as investigators who may be available or called upon to assist in investigating PREA-related incidents at AMikids- Acadiana. On January 19, 2022, there were three (3) Probation and Parole staff members that received a two-day training session

conducted by the Investigative Services Division. Collectively, there are now twenty-three (23) Probation and Parole staff members that are trained to investigate PREA allegations. These staff have received the following training, which is in compliance with juvenile PREA standard, 115.334:

- Sexual Relations in Prison
- Preponderance of Evidence
- Civil Liability
- Introduction to PREA Standards Dynamics of Sexual Abuse
- Interviewing Youth
- Agency Culture
- Boundary Violations
- Grooming
- Trauma Issues
- First Response/Evidence Collection Process of Rape Investigations
- Protocol of Conducting Investigations Follow Up Responsibilities of Investigations Report Writing
- Sexual Harassment
- Credibility Assessment
- Louisiana State Statues (Sexual Offenses)

In order to further demonstrate compliance with this standard, the PC provided the auditor with the following investigatory forms:

- Sexual Abuse Incident Checklist Sheet
- AMIkids Acadiana Unusual Occurrence Report
- Email communications from OJJ to PC
- Acadia Parish Sheriff's Office case information card
- OJJ PREA Field Investigations Provision of Information to Facility/PREA Notification

The above documents were provided for one allegation of resident-on-resident sexual abuse from February 2021. The Unusual Occurrence Report provided for the 2021 sexual abuse allegation described how the initial allegation was privately reported to two AMIkids staff members, as well as the following timeline of events (all occurring on the same day as when the initial report was made):

- The initial report was made to two staff members at 3:00pm.
- Executive Director and Director of Treatment both contacted at 3:13pm.
- Regional Director contacted at 3:15pm.
- Officers with OJJ contacted at 3:23pm
- Acadia Parish Sheriff's Department (APSD) at 3:40pm.
- The Executive Director arrived on-site at 3:50pm.
- Officer with APSD arrived at 4:00pm.
- Complaint number was provided by APSD, with advisement that a detective would be doing a follow-up.
- Alleged victim's guardian notified at 5:32pm.
- Officer with OJJ updated on status of the situation at 5:45pm.
- Both the alleged victim and perpetrator were separated in different dorms (housing areas) and remained with that living condition.

The PC Also provided the auditor with the agency's Sexual Abuse Incident Checklist Sheet that was used for this allegation. This form included the following information related to the required PREA steps when responding to a sexual abuse allegation or incident (all events took place same day as when the allegation was first made to staff):

- 3:00pm: First responder separated inmate from alleged assailant and notified Shift Supervisor.
- 3:00pm: Victim was immediately escorted to the Team Leader Office.
- 3:00pm: Shift Supervisor stabilized/assessed victim.

- 3:00pm: The Executive Director or DO ensured that any agency required documentation was completed within 24 hours of the initial report or allegation of sexual abuse.
- 3:10pm: Shift Supervisor notified the DO, ED, (ADO after hours), and PREA Compliance Manager.
- 3:13pm: Shift Supervisor notified the DO, ED, (ADO after hours), and PREA Compliance Manager.
- 3:40pm: Shift Supervisor notified OCS, Law Enforcement, and mental health/victim services.

The PC also provided the auditor with three (3) separate emails from administrative staff at AMIkids in regards to this sexual abuse allegation. The emails provided the following information:

- The communication that the detectives over the case were planning on scheduling an appointment for the alleged victim with the Hearts of Hope advocacy organization.
- A confirmation of the appointment the alleged victim had scheduled with Hearts of Hope.
- A reminder to keep both the alleged victim and perpetrator separate until the investigation is completed.

Lastly, for the above sexual abuse allegation investigation described, the PC provided the auditor with the OJJ PREA Notification form, which included the name of the alleged victim, OJJ PREA Field Investigator, OJJ case number, date of report, the findings (unsubstantial), and a conclusion summary.

Upon the auditor's analysis of the investigatory documents provided for the one sexual abuse allegation from February 2021, the auditor determined that the agency adhered to the investigatory requirements of standard 115.322. Additionally, the agency further provided proof documents of how an administrative allegation was conducted for two allegations of sexual harassment in May of 2020 and in December of 2021.

- The sexual harassment allegation in 2020 was determined to be unsubstantiated by an OJJ PREA investigator, and the OJJ PREA Notification form was provided to the auditor for this sexual harassment allegation.
- The second sexual harassment allegation that occurred in 2021 was reported in the form of a resident grievance. The auditor was provided a copy of the grievance that alleged sexual harassment type behavior, the agency's PREA Investigative Plan form, individual counseling session notes, and an email summarizing the steps taken by the agency to investigate the grievance and keep residents safe. Upon review of these documents, the auditor was able to determine the agency took the necessary steps to resolve the grievance allegation by following up with all residents involved within 24 hours of the allegation being submitted.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.331	<b>Employee training</b>
	<p data-bbox="242 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 327 300"><u>115.331</u></p> <p data-bbox="242 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 1268 640" style="list-style-type: none"> <li>- AMIkids, Inc. &amp; Affiliated Programs Team Member Reference Guide</li> <li>- AMIkids Acadiana Training Day Agenda/Staff Sign-In Sheets</li> <li>- Initial PREA staff training verification forms</li> <li>- List of all current staff</li> <li>- Louisiana Child Welfare Training Academy Certificates of Completion (Mandatory Reporter Training)</li> </ul> <p data-bbox="242 669 359 698"><b>Interviews:</b></p> <p data-bbox="242 725 1492 1055">- The auditor interviewed twelve (12) randomly selected direct care staff, which included state certified teachers and Direct Care Staff (DCS). The sample size included staff from all shifts, including from the morning, afternoon, and overnight shifts. There were four (4) teachers and one (1) DCS interviewed who work the morning shift, three (3) DCS from the afternoon shift, one (1) DSC Supervisor from the afternoon shift, and three (3) DCS from the overnight shift. Out of the 12 randomly selected staff interviewed, all 12 affirmed that they received and understood the initial PREA training received when hired, as well as the monthly, or some cases weekly, PREA refresher trainings provided by the PC. All 12 staff members also explained how each of the eleven (11) PREA training topics required by provision (a) of this standard were provided during the initial PREA training, as well as during refreshers conducted throughout the year. Each of the 12 staff members sufficiently articulated their understanding of the 11 PREA topics of provision (a), as well as how the training was geared toward the unique needs and attributes of a facility that houses only male residents.</p> <p data-bbox="242 1084 566 1113"><b>Explanation of determination:</b></p> <p data-bbox="242 1142 391 1171"><b>115.331 (a-d):</b></p> <p data-bbox="242 1198 1492 1729">In order the assess for compliance with this standard in practice at the facility, the auditor not only conducted the above interviews with 12 randomly selected staff, he was also able to analyze fifteen (15) randomly selected employee training files. Upon this review, the auditor was provided proof documentation that all 15 (100%) received the required PREA initial training when hired, and before having contact with residents, as well as the refreshers PREA trainings that were conducted more frequently than once a year. It is the auditor's understanding that PREA refresher training for all AMIkids employees is provided on a monthly, and in some instances even a weekly basis, which substantially exceeds the minimum requirements of this PREA standard. The auditor ensured the initial PREA training and refresher trainings were provided to each staff member by reviewing the 15 randomly selected employee training files, and confirming that the agency's initial PREA training verification forms were signed and dated by each employee, as well as the required PREA refresher trainings. Each of the 15 employee training files reviewed included the required training verification documents, and all demonstrated how the agency not only meets but exceeds the training requirements of this PREA standard. Additionally, the agency also requires all employees who have contact with residents, or may have contact, to complete a mandatory reporter training program that is provided by the state of Louisiana's Department of Children &amp; Family Services (DCFS). The auditor was provided proof documentation that this training was received by means of a DCFS certificate of completion. This training is required in addition to the initial PREA training, which further provides evidence of how the agency exceeds the minimum PREA training requirements of this standard.</p> <p data-bbox="242 1758 375 1787"><b>Conclusion:</b></p> <p data-bbox="242 1814 1412 1879"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency substantially exceeds the elements of this standard. No corrective action is required.</b></p>

115.332	<b>Volunteer and contractor training</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 300"><u>115.332</u></p> <p data-bbox="242 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 941 528" style="list-style-type: none"> <li>- AMIkids Acadiana Mandated Reporter Acknowledgement</li> <li>- AMIkids, Inc. &amp; Affiliated Programs Team Member Reference Guide</li> <li>- AMIkids Acadiana PREA Volunteers &amp; Contractor Training Packet</li> </ul> <p data-bbox="242 555 363 584"><b>Interviews:</b></p> <ul data-bbox="242 611 1461 741" style="list-style-type: none"> <li>- During the interview with the agency's Business Manager (BM), who maintains all personnel files for the facility, the BM advised that there are no volunteers allowed into the facility due to COVID precautions and only one contractor who has contact with residents. The BM explained that the one contractor is a special education teacher, who has not received the required PREA training; however, the required training will be provided as soon as possible.</li> </ul> <p data-bbox="242 768 528 797"><b>Site Review Observations:</b></p> <ul data-bbox="242 824 1493 1093" style="list-style-type: none"> <li>- During the on-site, the auditor observed a sign-in sheet that is required to be completed by each person entering the facility who may have contact with residents. The auditor signed this form and was screened for COVID symptoms upon walking into the administrative building on day one of the on-site. Above the sign-in sheet, the auditor also observed a PREA information, two-page form. This form included the agency's zero tolerance policy, reporting and investigative requirements, possible disciplinary actions if a perpetrator of sexual abuse or sexual harassment, and methods of calling OJJ and Hearts of Hope to report an allegation of sexual abuse or sexual harassment. Although, this document is posted above the sign-in sheet in the entrance of the administration building, the agency was unable to provide evidence confirming that volunteers and contractors understand the training they have received, as required by provision (c) of this standard.</li> </ul> <p data-bbox="242 1120 563 1149"><b>Explanation of determination:</b></p> <p data-bbox="242 1176 387 1205"><b>115.332 (a-c):</b></p> <p data-bbox="242 1232 1493 1462">The PC explained that all volunteers and contractors who have contact with residents are required to be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, with the level and type of training provided to volunteers and contractors based on the services they provide and level of contact they have with residents. However, as noted above, the auditor was not provided proof evidence to support that the one contractor who has contact with residents was provided the required PREA training, and for this reason the agency was found to be deficient in complying with PREA standard 115.332 (a-c). In addition, the auditor was not provided a policy that includes the requirements of this PREA standard.</p> <p data-bbox="242 1489 440 1518"><b><u>Corrective Action:</u></b></p> <p data-bbox="242 1545 1445 1574">On 08.04.2022, the auditor was provided the following corrective action information and applicable proof documentation:</p> <ul data-bbox="284 1624 1493 1753" style="list-style-type: none"> <li>• AMIkids Mandated Reporter Acknowledgement: This document includes all the training requirements pursuant to this standard, as well as an acknowledgement of understanding statement. The form is signed by the contractor who did not have the required training during the on-site, as well as signed by the PC of the agency. The date for this document is 05.25.2022.</li> </ul> <p data-bbox="242 1780 376 1809"><b>Conclusion:</b></p> <p data-bbox="242 1836 1493 1906"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No further corrective action is required.</b></p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.333**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 332
- Resident Handbook
- Authorization for Residential Placement forms
- Special Ed List Report
- Youth Confirmation of Receipt (PREA)
- OJJ Youth Safety Guide Brochure ("There is NO Excuse for Abuse")
- PREA Orientation (slides)
- Facility Grievance form
- OJJ "Youth Safety- Speak Out Break the Silence- Tell Someone" Poster
- Hearts of Hope (Support Services for the Sexually Abuse) Poster

**Interviews:**

- The auditor interviewed twelve (12) randomly selected staff, which included teachers, who provide direct supervision during educational times, and Direct Care Staff (DCS), while on-site. The sample size included staff from all shifts, including from the morning, afternoon, and overnight shifts. There were four (4) teachers and one (1) DCS interviewed who work the morning shift, three (3) DCS from the afternoon shift, one (1) DSC Supervisor from the afternoon shift, and three (3) DCS from the overnight shift. Each staff interviewed sufficiently explained how all residents who are admitted into the facility are provided an age appropriate PREA orientation that includes, at a minimum, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The staff also adequately explained the practice of the PC providing a more in person comprehensive age-appropriate education within 10 days of intake. This comprehensive education included, at a minimum, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Furthermore, as described by the 12 staff interviewed, translation/interpreting services are available to any resident who may be challenged with any type of language barrier, as well as the prohibition of allowing one resident to translate for another resident unless it is an emergency situation. Staff described how AMKids provides residents access to professional interpreters and translators on an as needed basis to ensure effective communication of the agency's PREA information and education, and how specially trained and licensed mental health professionals are on-site to ensure all residents understand their PREA rights and PREA information received.

-The auditor also interviewed ten (10) randomly selected residents, plus one targeted resident, for a total of eleven (11) residents interviewed. Each resident was able to sufficiently articulate the PREA orientation they received during the intake process, as well as the more comprehensive PREA education provided by the PC soon after being admitted into the facility. All the residents were aware of the agency's zero tolerance policy, multiple internal and external methods of making a report of sexual abuse or sexual harassment, and their right to be free from sexual abuse, sexual harassment, retaliation for reporting, and staff neglect. Each resident affirmed they received the PREA information during intake (day of being admitted into the facility), as well as being provided a resident handbook and other PREA related documents (e.g., Resident Handbook, Grievance Procedures, PREA brochure and information packet). Additionally, all the residents interviewed identified the bulletin board that is located in each housing unit (Dorm), which was explained to include postings of PREA related forms and information regarding multiple ways to report, Hearts of Hope Advocacy Organization, zero tolerance policy, grievance procedures, etc.

- During the resident interviews, one resident advised the auditor that he had a disability that made it difficult for him to remember things. I asked this resident if he was explained the PREA information in a way that he was able to understand, and he described how intake staff and the PC went over PREA information with him and remembered some of what was covered. The resident was able to explain the different methods available to report, had a basic understanding of his rights, and was aware of agency's zero tolerance policy on sexual abuse and sexual harassment.

-During the PC's interview, the PC explained how she ensures all residents admitted into the facility fully comprehend the PREA information and education received by meeting with every resident within ten (10) days after being admitted into the facility. The PC described how she goes over the PREA Resident Power Point presentation with each resident and provides scenario based questions to ensure all residents, regardless of cognitive ability, understand the PREA information received. The PC described how she asks the residents PREA related questions and breaks down the PREA education to an appropriate level to ensure the information being provided is understood. The PC provided the auditor with an example of the agency's PREA information folder for residents, both available in Spanish and English. The folder included a PREA Orientation presentation, OJJ PREA Youth Safety Guide Brochure, the agency's Grievance form, and a form titled, Youth Confirmation of Receipt- PREA. She described how the agency's case manager reviews the contents of the PREA folder with each resident upon being admitted into the facility (day of), as well as the process of the PC reviewing everything again within 10 days of each resident's admittance into the facility, as noted above. The PC is a licensed master counselor, who explained how she is able to effectively articulate the PREA comprehensive education in such a way that all residents are able to easily understand. The PC also explained how interpreters and translation services are available for instances involving a language barrier, which can be promptly set up on an as needed basis. The PC was asked about the resident who disclosed having a disability during the random resident interviews, and she recalled how she met with this particular resident one-on-one to go over the comprehensive PREA education within 10 days of the juvenile entering the facility. The PC provided specific examples of how she broke down the PREA information to ensure this particular resident understood what was being provided, as well as reviewed some scenarios with the resident.

-The auditor interviewed the facility's intake officer (case manager), who conducts the admission process for the majority of residents being admitted into the facility. The case manager explained how she provides the initial PREA orientation within a few hours after a juvenile first arrives at the facility. The PREA orientation includes the agency's PREA Orientation presentation, OJJ PREA Youth Safety Guide Brochure, the agency's Grievance form, and a form titled, Youth Confirmation of Receipt- PREA. The case manager advised she ensures all resident understand the PREA information being received by asking them questions and going over all the information verbally with each resident. She also explained how an interpreter or translation services can be utilized on an as needed basis.

**Site Review Observations:**

- During the on-site, the auditor verified that all the residents interviewed understood their PREA rights, were knowledgeable of the agency's zero tolerance policy, and understood the process for making a report privately, confidentially, anonymously, and through third parties. Furthermore, each resident interviewed clearly spoke English as their primary language and no language barriers were discovered by the auditor. The auditor also observed several PREA related documents and posters posted throughout the facility- including the large bulletin board located in each housing area. These bulletin boards included:

- PREA Information on how to report sexual abuse, sexual assault, or sexual harassment.
- Names of organizations and agencies that a resident can contact if a victim of sexual abuse or sexual harassment (OJJ and Hearts of Hope).
- "Youth Safety- Speak Out/Break the Silence- Tell Someone" (There is NO excuse for abuse)
- Hearts of Hope ("support services for the sexually abused, with 24/7 phone number)
- Mandated Reporters poster (Louisiana Child Protective Statewide Hotline number)
- Student Rights
- Prohibited Practices
- Rules of Conduct
- Grievance Process
- AMLkids Complaint Procedure

**Explanation of determination:**

**115.333 (a-f):**

Upon review of agency PREA Policy 332, the PREA orientation presentation, the PREA Youth Safety Guide Brochure, the Youth Confirmation for Receipt of PREA initial orientation and 10 day comprehensive education, the agency's grievance form, Special Education Report, and resident handbook; the auditor was able to determine the agency provides all the required PREA information and comprehensive PREA education pursuant to the requirements of this standard. Additionally, the auditor was able to ensure the residents understand the information received by interviewing a random selection of 11 residents, 12 staff, the intake case manager, and the PC; who all confirmed that the initial PREA orientation is provided during the initial intake process (day of being admitted into the facility), as well as the comprehensive PREA education being provided by the PC within 10 days of each residents intake. Upon the auditor's review of eight (8) randomly selected resident files while on-site, all files included the PREA Youth Confirmation of Receipt for the initial PREA orientation provided during the admission process (within 72 hours of admission); however, only six (6) out of the eight (8) included the PREA Youth Confirmation of Receipt for the comprehensive education requirements of provision (b).

Due to this finding, the auditor determined the agency was not able to sufficiently prove that within 10 days of intake, the

agency provided comprehensive age-appropriate education to all residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The auditor analyzed the agency's PREA Policy, 6.16, which provided procedures for the facility to follow to ensure disabled residents have 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. The auditor verified during the on-site that printed Spanish PREA informational packets are available to residents whose primary language is Spanish. Additionally, as per Policy 6.16, AMIkids has interpreter staff available for situations involving a language barrier or inability to ensure effective communication to a resident who is LEP or disabled. The auditor was also provided a list of the facility's interpreting services, which includes three methods of contacting an interpreter/translator to assist on an as needed basis. The list includes a professional translator, American Language Services (AML) 1-800 number, and the Executive Director. The auditor interviewed the professional translator over the phone before the on-site, and the translator was able to provide the auditor with information on how interpreting services would be provided if requested by the facility. Additionally, the auditor researched AML Global online and was able to verify that this company is able to provide interpreting services 24 hours a day and 7 days a week (either on-site or virtually).

Additionally, the PC provided the auditor with a report of residents who receive special educational services through the sending independent school district. This report included the resident who was interviewed and reported to have a disability. The PC explained how this report is used to ensure the administration and teachers are aware of which residents receive, or need to receive, special education services. The PC described how she, and the other licensed master counselor, use this report to ensure the residents who receive special education services fully understand the PREA information and education received by meeting with these residents one-on-one.

**Corrective Action:**

On 08.04.2022, the auditor was provided the following corrective action information and applicable proof documentation:

- Corrective Action Plan: To ensure all residents in the facility are provided the comprehensive PREA education within 10 days of being admitted into the facility, a checklist was created and being used by the PC, or his/her designee. The checklist allows for the PC to easily confirm that the agency's assessments and PREA related resident education are met in the a timely manner.
- The checklist, titled "PREA Checklist for Education & Assessments," was provided to the auditor and includes the following sections to be completed by the PC:
  - Resident Name
  - Date of Entry
  - PREA Education
  - Initial Risk Assessment VASP (72 hrs)
  - Initial Placement Classification (72 hrs)
  - 90 Day Risk Assessment VASP
  - 180 Day Risk Assessment VASP
  - Placement Classification 30 days
- Note: The PC advised that the agency has not had a newly admitted resident into the facility since the on-site; however, the PREA Checklist for Education & Assessments is fully implemented and ready to be used.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No further corrective action is required.**

115.334	<b>Specialized training: Investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 300"><u>115.334</u></p> <p data-bbox="242 327 940 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 1441 562" style="list-style-type: none"> <li>- Facility Policies 6.21 &amp; 6.71</li> <li>- Memo provided to AMIkids Acadiana from the State of Louisiana Office Juvenile Justice (OJJ), Director of Investigative Services</li> <li>- Contract between AMIkids Acadiana and the State of Louisiana OJJ</li> </ul> <p data-bbox="242 589 563 618"><b>Explanation of determination:</b></p> <p data-bbox="242 645 389 674"><b>115.334 (a-d):</b></p> <p data-bbox="242 701 1477 831">Upon the auditor reviewing the agency's answers in the PAQ and reviewing the agency's PREA investigative policies, it was determined the agency does not conduct administrative or criminal sexual abuse investigations in the AMIkids Acadiana facility; therefore, the requirements of this PREA standard do not apply. However, in order to provide clarity of the responsibilities of the investigative agencies, the auditor determine it would be prudent to add the following information.</p> <p data-bbox="242 857 1490 1122">Per agency policy, the Acadia Parish Sheriff's Office is responsible for conducting any criminal investigations of sexual abuse in the facility, and State of Louisiana OJJ is responsible for conducting administrative investigations. The agency uploaded the executed contract between AMIkids Acadiana and the State of Louisiana OJJ, which includes specific requirements for the agency to adhere to when the agency gains knowledge or suspicion of any type of abuse or neglect of a resident in their custody. Per the contract, in the event that AMIkids Acadiana has knowledge of or cause to suspect abuse or neglect of a youth in their custody, the agency shall contact local law enforcement, OJJ, the Department of Social Services, and the Office of Community Service. The agency is also required to comply with the child abuse and reporting and investigation requirements of Children's Code Articles 609 et seq.</p> <p data-bbox="242 1149 1484 1279">In addition, the agency provided a memo from the OJJ's Director of Investigative Services (dated 01/20/2022), and this document explains that OJJ has twenty-three (23) Probation and Parole staff members that are trained to investigate PREA allegations. Per this memo, the 23 investigative staff have received training to comply with the requirements associated with PREA standard 115.334, which include training on the following topics:</p> <ol data-bbox="242 1305 715 1872" style="list-style-type: none"> <li>1. Sexual Relations in Prison</li> <li>2. Preponderance of Evidence</li> <li>3. Civil Liability</li> <li>4. Dynamics of Sexual Abuse</li> <li>5. Interviewing Youth</li> <li>6. Agency Culture</li> <li>7. Boundary Violations</li> <li>8. Grooming</li> <li>9. Trauma Issues</li> <li>10. First Response/Evidence Collection</li> <li>11. Process of Rape Investigations</li> <li>12. Protocol of Conducting Investigations</li> <li>13. Follow Up Responsibilities of Investigations</li> <li>14. Report Writing</li> <li>15. Sexual Harassment</li> <li>16. Credibility Assessment</li> <li>17. Louisiana State Statutes (Sexual Offenses)</li> </ol> <p data-bbox="242 1899 376 1928"><b>Conclusion:</b></p> <p data-bbox="242 1955 1481 2022"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><u>115.335</u></p> <p data-bbox="242 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 387 906 470" style="list-style-type: none"> <li>- Facility Policy</li> <li>- AMIkids Acadiana Training Day Agenda/Staff Sign-In Sheets (x3)</li> </ul> <p data-bbox="242 501 363 528"><b>Interviews:</b></p> <ul data-bbox="242 560 1484 1034" style="list-style-type: none"> <li>- The auditor interviewed another one of the agency's master level counselors (Director of Treatment for the facility), who explained the type and level of PREA training received while working for AMIkids Acadiana. The training included not only the requirements of the four elements associated with provision (a) but also the training mandated for employees under PREA standard 115.331.</li> <li>- While on-site the auditor also interviewed the agency's fulltime medical professional, who is a licensed practical nurse (LPN) that provides for general medical care for all the residents in the facility. The LPN was able to clearly articulate and explain how the training received included not only the requirements of the four elements associated with provision (a) but also the training mandated for employees under PREA standard 115.331.</li> <li>- The auditor interviewed the agency's PC, who is also a master's level counselor, and she was able to elaborate clearly on the PREA training she has received, which included not only the requirements of the four elements associated with provision (a) but also the training mandated for employees under PREA standard 115.331. The PC also is the main trainer for providing the required PREA training to all facility staff, as well as responsible to ensure all residents receive an age appropriate comprehensive PREA education within 10 days of being admitted into the facility.</li> </ul> <p data-bbox="242 1066 563 1093"><b>Explanation of determination:</b></p> <p data-bbox="242 1124 389 1151"><b>115.335 (a-d):</b></p> <p data-bbox="242 1182 1477 1411">In addition to the interviews documented above, the auditor also verified that each of the professionals interviewed above received the PREA training as they each explained in their individual interviews. Upon this review, the auditor was provided training verification documents that sufficiently demonstrated that each medical and mental health practitioner for the facility has received and fully understand the training mandated for employees under standard 115.331. Additionally, the auditor was provided a MOU from the Hearts of Hope, which outlines this organizations responsibilities for ensuring a forensic examination is conducted for a survivor of sexual abuse. The auditor confirmed that no medical staff employed by the agency is allowed to conduct forensic examinations and, therefore, no such training pursuant to provision (b) is required.</p> <p data-bbox="242 1442 376 1469"><b>Conclusion:</b></p> <p data-bbox="242 1500 1477 1559"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><u><b>115.341</b></u></p> <p data-bbox="242 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 387 1091 640" style="list-style-type: none"> <li>- Facility Policy 6.41 (Screening for Risk of Victimization &amp; Abusiveness)</li> <li>- Facility Policy 6.42 (Use of Screening Information)</li> <li>- Screening for Vulnerability to Victimization &amp; Sexually Aggressive Behavior (VSAB)</li> <li>- Classification for Appropriate Placement</li> <li>- Classification for Appropriate Placement Re-Assessment</li> </ul> <p data-bbox="242 674 363 701"><b>Interviews:</b></p> <p data-bbox="242 734 1485 1592">- The auditor interviewed the facility's intake officer (case manager), who conducts the admission process for the majority of residents being admitted into the facility, and she described the process of conducting the department's screening form titled, <i>Screening for Vulnerability to Victimization &amp; Sexually Aggressive Behavior</i> (VSAB). The VSAB was explained to be conducted in a confidential setting, in her office in the administration building, and completed with the newly admitted resident within two to three hours after the youth first arrives at the facility. The case manager provided details of the types of questions asked pursuant to the VSAB, which included screening questions for sexual victimization and abusiveness, gang affiliation, physical build of the juvenile, prior charges, if first time in a placement facility, and the juvenile's own perception of safety. Additionally, she described how the information is ascertained through conversations and a packet of information provided by the OJJ (the contracting state agency who transfers the juveniles to AMIkids Acadiana). The case manager also explained how the VSABs and other confidential forms are secured in the PC's office, which the auditor verified while on-site is double locked (filing cabinet has a padlock &amp; the office door locks). She confirmed that Direct Care Staff do not have keys to open the PC's office or to unlock the secure filing cabinet. The case manager also described how the information ascertained from the VSAB is used when completing the agency's Classification for Appropriate Placement form. This placement form is a type of housing form, which takes the information learned during the intake process to determine the safest and most appropriate dorm, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. She confirmed that a youth who is deemed, during the intake process, as at risk of being a victim or perpetrator of sexual abuse while in the facility would be staffed by administration (including the counseling team) to ensure the safest living situation is possible for all residents in the program, as well as to reduce the risk of sexual abuse and sexual harassment. The case manager advised that a transgender or intersex resident who is admitted into the facility would be allowed to express his/her own personal views of their safety, and the facility leadership team would take the resident's concerns of safety into serious consideration when determining the most appropriate living and programming situation. Furthermore, all residents are required to shower and go to the restroom alone, in private, and this expectation of privacy would be provided for any resident who identifies as transgender or intersex. The case manager also discussed how any screening result that indicates a resident has either experienced prior sexual victimization and/or previously perpetrated sexual abuse would trigger an immediate referral to the agency's mental health unit, the completion of the agency's Unusual Occurrence Form, and a referral to Hearts of Hope (if applicable).</p> <p data-bbox="242 1626 1485 1753">-The auditor interviewed ten (10) randomly selected residents, plus one targeted resident, for a total of eleven (11) residents interviewed. All but one recalled being asked questions that were included on the agency's initial risk screening form during the intake process when they first arrived at the facility. The one resident interviewed who did not recall being asked, explained that he did not remember exactly and did not provide any further information.</p> <ul data-bbox="242 1787 1485 2107" style="list-style-type: none"> <li>- During the interview the auditor conducted with the PC, the PC explained how the case manager conducts the initial risk screening tool (VSAB) and Classification for Appropriate Placement Form within a few hours after a child arrives at the facility. The PC also advised that she and the Director of Treatment share the responsibilities of conducting a re-assessment of each resident within 30 days of each resident's arrival at the facility. This re-assessment is conducted using the agency's Classification for Appropriate Placement Re-Assessment Form. Additionally, the PC confirmed that another VSAB assessment and Classification for Appropriate Placement Re-Assessment form is conducted at the six month mark for each resident in the AMIkids Acadiana program, with these assessments continued every 6 months, as applicable to each resident's length of stay. Lastly, the PC described how residents meet with their counselors on, at least, a weekly basis and will be reassessment in the event an incident has occurred or as needed to ensure all residents are safe and free from sexual abuse and sexual harassment.</li> </ul>

**Explanation of determination:**

**115.341 (a-e):**

The auditor was provided Agency Policy 6.41 and 6.42, which include the requirements of this PREA standard. Additionally, the auditor reviewed the agency's VSAB form, and upon review the auditor was able to determine this risk screening tool includes all the required elements of provision (c) (1-11). Through the interviews conducted with the random sample of residents, the PC, and the agency's case manager (as detailed above), as well as through analyzing the actual screening form, the auditor determined that the VSAB is an objective screening instrument used by the facility to obtain and utilize information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

Furthermore, while on-site the auditor conducted a resident file review, which included a randomized sample of 6 resident files, and each file reviewed included the completed VSAB and initial Classification for Appropriate Placement form. Each VSAB and Classification for Appropriate Placement form reviewed was conducted within 72 hours from the time each youth was first admitted into the facility and sufficiently demonstrated how the agency ensures the requirements of this standard, in regards to the initial risk assessment and placement in the program, are practiced in daily operations for each resident admitted into the facility.

Additionally, the auditor was provided completed Classification for Appropriate Placement Re-Assessments for the 6 random resident files selected during the on-site in order to demonstrate the process of the agency conducting the periodic re-assessments. This form was completed for each of the applicable resident's whose length of stay was at least 30 days at the time of the review, as is the practice explained by the PC and case manager. However, the practice of conducting continued re-assessments pursuant to provision (a) of this standard, as explained by the PC, is for the PC and/or Director of Treatment to conduct both the Classification for Appropriate Placement Re-Assessment and VSAB at the 6-month mark for each applicable resident. Out of the 6 resident files selected for this review, one resident's length of stay was 6 months or longer.

Upon reviewing this resident's file, the PC was unable to provide the auditor with proof evidence that the agency's Classification for Appropriate Placement Re-Assessment or another VSAB was conducted again after the 30-day Classification for Appropriate Placement Re-Assessment was conducted. For clarity purposes, the auditor was advised by the PC of the following process as it pertains to the requirements of standards 115.341 and 115.342:

During the initial intake process:

1. Initial VSAB is conducted at the time the resident is first admitted into the facility (within 72 hours).
2. Initial Classification for Appropriate Placement form completed within 72 hours of admission.

Periodically through a resident's time in the facility:

1. Classification for Appropriate Placement Re-Assessment conducted at the 30 day mark (30 days after each resident's admission).
2. VSAB and Classification for Placement Re-Assessment conducted at the 6 month mark & then every 6 months, as applicable to each resident's length of stay.

The auditor determined, through reviewing the proof documents described above and the auditor's own interview notes from the on-site visit, that the agency's practice of conducting the periodic re-assessments at the 30 day mark, the 6 month mark, and in 6 month increments thereafter is not compliant with the periodic element of provision (a). Furthermore, the agency's Policy, 6.41, does not include specific language of the frequency the periodic re-assessments should be conducted. It is recommended that the agency increase the frequency of conducting either the VSAB and/or Classification for Appropriate Placement Re-Assessment form to every 30, 60, to 90 days for each applicable resident, as well as add this procedure to agency Policy 6.41.

Note: The auditor also discovered the following statement that is included toward the bottom of page 3 of the VSAB, which provides further credibility to the requirement of conducting the re-assessments more often than what is currently being practiced at the facility. "Recognizing the potential risks of relying solely on an initial assessment, standard 115.341 requires facilities to "reassess the youth's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening" within "a set time period, not to exceed 30 days from youth's arrival at the facility." While the Standards require that youth be re-evaluated within 30 days, **it may be more appropriate to re-evaluate more frequently, especially early in a youth's detention or residential placement.**"

**Corrective Action:**

On 08.04.2022, the auditor was provided the following corrective action information and applicable proof documentation:

- Corrective Action Plan: Each resident admitted into the facility will be re-assessed for risk every 90 days on an average 9-12 month stay, with samples of completed re-assessment provided to the auditor.

- Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) periodic samples for three current AMIkids Acadiana residents. The completed periodic VSABs include all the requirements of this PREA standard for the periodic element of provision (a), as verified by the auditor. Additionally, the 90 day timeline for conducting the re-assessments is also in full compliance with the periodic frequency determined the most appropriate for the agency.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No further corrective action is required.**

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 300"><u><b>115.342</b></u></p> <p data-bbox="240 327 943 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="240 383 1091 640" style="list-style-type: none"> <li>- Facility Policy 6.41 (Screening for Risk of Victimization &amp; Abusiveness)</li> <li>- Facility Policy 6.42 (Use of Screening Information)</li> <li>- Screening for Vulnerability to Victimization &amp; Sexually Aggressive Behavior (VSAB)</li> <li>- Classification for Appropriate Placement</li> <li>- Classification for Appropriate Placement Re-Assessment</li> </ul> <p data-bbox="240 674 363 703"><b>Interviews:</b></p> <ul data-bbox="240 730 1497 2157" style="list-style-type: none"> <li>- The auditor interviewed the facility's intake officer (case manager), who conducts the admission process for the majority of residents being admitted into the facility, and she described the process of conducting the department's screening form titled, Screening for Vulnerability to Victimization &amp; Sexually Aggressive Behavior (VSAB). The VSAB was explained to be conducted in a confidential setting, in her office in the administration building, and completed with the newly admitted resident within two to three hours after the youth first arrives at the facility. The case manager provided details of the types of questions asked pursuant to the VSAB, which included screening questions for sexual victimization and abusiveness, gang affiliation, physical build of the juvenile, prior charges, if first time in a placement facility, and the juvenile's own perception of safety. Additionally, she described how the information is ascertained through conversations and a packet of information provided by the OJJ (the contracting state agency who transfers the juveniles to AMIkids Acadiana). The case manager also explained how the VSABs and other confidential forms are secured in the PC's office, which the auditor verified while on-site is double locked (filing cabinet has a padlock &amp; the office door locks). She confirmed that Direct Care Staff do not have keys to open the PC's office or to unlock the secure filing cabinet. The case manager also described how the information ascertained from the VSAB is used when completing the agency's Classification for Appropriate Placement form. This placement form is a type of housing form, which takes the information learned during the intake process to determine the safest and most appropriate dorm, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. She confirmed that a youth who is deemed, during the intake process, as at risk of being a victim or perpetrator of sexual abuse while in the facility would be staffed by administration (including the counseling team) to ensure the safest living situation is possible for all residents in the program, as well as to reduce the risk of sexual abuse and sexual harassment. The case manager advised that a transgender or intersex resident who is admitted into the facility would be allowed to express his/her own personal views of their safety, and the facility leadership team would take the resident's concerns of safety into serious consideration when determining the most appropriate living and programming situation. Furthermore, all residents are required to shower and go to the restroom alone, in private, and this expectation of privacy would be provided for any resident who identifies as transgender or intersex. The case manager also discussed how any screening result that indicates a resident has either experienced prior sexual victimization and/or previously perpetrated sexual abuse would trigger an immediate referral to the agency's mental health unit, the completion of the agency's Unusual Occurrence Form, and a referral to Hearts of Hope (if applicable).</li> <li>- During the interview the auditor conducted with the PC (who is also a master's level counselor for the agency), the PC explained how the case manager conducts the initial risk screening tool (VSAB) and Classification for Appropriate Placement Form within a few hours after a child arrives at the facility. The PC also advised that she and the Director of Treatment share the responsibilities of conducting a re-assessment of each resident within 30 days of each resident's arrival at the facility. This re-assessment is conducted using the agency's Classification for Appropriate Placement Re-Assessment Form. Additionally, the PC confirmed that another VSAB assessment and Classification for Appropriate Placement Re-Assessment form is conducted at the six month mark for each resident in the AMIkids Acadiana program, with these assessments continued every 6 months, as applicable to each resident's length of stay. The PC described how residents meet with their counselors on, at least, a weekly basis and will be reassessment in the event an incident has occurred or as needed to ensure all residents are safe and free from sexual abuse and sexual harassment. The PC also described how all resident's housing and programming assignments, regardless if a resident identifies as gay, bisexual, transgender, or intersex, are assessed on a case-by-case basis to ensure the resident's health and safety, as well as whether the placement would present management or security issues. The PC advised that a transgender or intersex resident's own views, with respect to his or her own safety, would be given serious consideration, as well as the views of any other resident. Lastly, she expressed how placement and programming assignments for each transgender or intersex resident are required to be reassessed at least twice each year to review any threats to safety experienced by the resident (*This is also an agency policy requirement</li> </ul>

for all residents, not just transgender or intersex, as described in subsection 115.341 (a) of this report- conducted every 6 months).

- The auditor interviewed the facility's Director of Treatment and fulltime medical staff member, and they both explained how the agency does not utilize, or have the capability to utilize, isolation. The professionals also described how medical and mental health services and applicable treatment are available to all residents at any time, regardless of the situation.

- The auditor interviewed 11 residents while on-site, and each resident advised they are able to shower, use the restroom, and change out individually and in private, without staff or other residents able to observe.

**Site Review Observations:**

- During the on-site, the auditor was not provided any information to confirm the facility housed a resident who identified as gay, bisexual, transgender, or intersex. The auditor also confirmed during the on-site inspection that all residents have the ability to individually and privately shower, change out, and use the restroom.

**Explanation of determination:**

**115.342 (a-i):**

The auditor was provided Agency Policy 6.41 and 6.42, which includes the requirements of this PREA standard.

Additionally, the auditor reviewed the agency's VSAB form, and upon review the auditor was able to determine this risk screening tool includes all the required elements of provision 115.341 (c) (1-11). Additionally, this screening tool takes into consideration the resident's own views on the level of safety felt while in the facility and considers on case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems, regardless of how the resident identifies.

Through the interviews conducted with the random sample of residents, the PC, and the agency's case manager (as detailed above), as well as through analyzing the actual screening form, the auditor determined that the VSAB is an objective screening instrument used by the facility to to make the most appropriate and safest housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Furthermore, while on-site the auditor conducted a resident file review, which included a randomized sample of 6 resident files, and a each file reviewed included the a completed VSAB and initial Classification for Appropriate Placement form.

Each VSAB and Classification for Appropriate Placement form reviewed was conducted within 72 hours from the time each youth was first admitted into the facility and sufficiently demonstrated how the agency ensures the requirements of this standard, in regards to the initial risk assessment and placement in the program, are practice in daily operations for each resident admitted into the facility.

Note: The PC explained in the PAQ that the agency is not able to ever isolation residents in secure housing due to the dorm style construction of the facility, in which the auditor verified when on-site. The agency is made up of three open style dorms; where the residents are not secured in individual rooms or cells. The dorms include bunk beds that are spread out in a large open area in each dorm. Due to not being able to isolate residents in individual sleeping quarters, the requirements associated with isolating in provision (b) are not applicable.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.351**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 6.51 (Resident Reporting)
- AMIkids Grievance Review Form
- MOU between Hearts of Hope & AMIkids Acadiana
- Letters from Contracted Licensed Clinical Social Worker
- AMIkids Acadiana PREA Refresher training material (Duty to Report: Knowledge, Suspicion, or Information)
- Test call to the 24/7 child abuse reporting hotline with Hearts of Hope
- OJJ "Youth Safety- Speak Out Break the Silence- Tell Someone" Poster
- Hearts of Hope (Support Services for the Sexually Abuse) Poster
- AMIkids Acadiana Campus Third Party Reporting Form (posted on the agency's website)

**Interviews:**

-The auditor interviewed ten (10) randomly selected residents, plus one targeted resident, for a total of eleven (11) residents interviewed. Each resident was able to sufficiently articulate the PREA orientation they received during the intake process, as well as the more comprehensive PREA education provided by the PC within 10 days of being admitted into the facility. All the residents were aware of multiple internal and external methods of making a report of sexual abuse or sexual harassment, as well as their right to be free from sexual abuse, sexual harassment, retaliation for reporting, and staff neglect. Each resident affirmed they received the PREA information during intake (day of being admitted into the facility), as well as being provided a resident handbook and other PREA related documents (e.g., Resident Handbook, Grievance Procedures, PREA brochure and information packet). Additionally, all the residents interviewed identified the bulletin board that is located in each housing unit (Dorm), which was explained to include postings of PREA related forms and information regarding multiple ways to report, Hearts of Hope Advocacy Organization, zero tolerance policy, grievance procedures, etc. Each resident interviewed also provided specific examples of how a resident can report sexual abuse or sexual harassment, which included, but is not limited to: telling a staff member they trust (e.g., telling their counselor, teacher, PO, or parent); calling one of the hotline numbers by using the facility phone (e.g., Hearts of Hope, OJJ, or the police); and writing a letter or grievance. The residents all understood that they could report using these methods anonymously by either not writing their name down on the letter or grievance or by not giving their name over the phone. All residents explained how they are provided access to a writing utensil and grievance or paper upon request.

- The auditor interviewed twelve (12) randomly selected staff, which included teachers, who provide direct supervision during educational times, and Direct Care Staff (DCS), while on-site. The sample size included staff from all shifts, including from the morning, afternoon, and overnight shifts. There were four (4) teachers and one (1) DCS interviewed who work the morning shift, three (3) DCS from the afternoon shift, one (1) DCS Supervisor from the afternoon shift, and three (3) DCS from the overnight shift. Each staff interviewed sufficiently explained how all residents who are admitted into the facility are provided an age appropriate PREA orientation that includes, at a minimum, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The staff also adequately explained the practice of the PC providing a more in person comprehensive age-appropriate education within 10 days of intake. This comprehensive education included, at a minimum, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Furthermore, as described by the 12 staff interviewed, translation/interpreting services are available to any resident who may be challenged with any type of language barrier, as well as the prohibition of allowing one resident to translate for another resident unless it is an emergency situation. Staff described how AMIkids provides residents access to professional interpreters and translators on an as needed basis to ensure effective communication of the agency's PREA information and education, and how specially trained and licensed mental health professionals are on-site to ensure all residents understand their PREA rights and PREA information received. The interviewed staff also explained how all staff are mandatory reports and required to accept any report of sexual abuse or sexual harassment and report this to the proper authorities, as well as to their immediate supervisor. Any report made verbally by a resident would be documented, per the staff interviewed, on an Unusual Occurrence form, regardless if the

report is made anonymously or from a third party. The staff interviewed were also aware of the multiple methods in place that allow for staff to make private reports, such as to call law enforcement or the state child protective services, privately report to a supervisor or administrator, or to call one of the child abuse hotlines that are posted throughout the facility.

-During the PC's interview, the PC explained how she ensures all residents admitted into the facility fully comprehend the PREA information and education received by meeting with every resident within ten (10) days after being admitted into the facility. The PC described how she goes over the PREA Resident Power Point presentation with each resident and provides scenario-based questions to ensure all residents, regardless of cognitive ability, understand the PREA information received.

The PC described how she asks the residents PREA related questions and breaks down the PREA education to an appropriate level to ensure the information being provided is understood. The PC provided the auditor with an example of the agency's PREA information folder for residents, both available in Spanish and English. The folder included a PREA Orientation presentation, OJJ PREA Youth Safety Guide Brochure, the agency's Grievance form, and a form titled, Youth Confirmation of Receipt- PREA. She described how the agency's case manager reviews the contents of the PREA folder with each resident upon being admitted into the facility (day of), as well as the process of the PC reviewing everything again within 10 days of each resident's admittance into the facility, as noted above. The PC is a licensed master counselor, who explained how she is able to effectively articulate the PREA comprehensive education in such a way that all residents are able to easily understand. The PC also explained how interpreters and translation services are available for instances involving a language barrier, which can be promptly set up on an as needed basis. The PC was asked about the resident who disclosed having a disability during the random resident interviews, and she recalled how she met with this particular resident one-on-one to go over the comprehensive PREA education within 10 days of the juvenile entering the facility. The PC provided specific examples of how she broke down the PREA information to ensure this particular resident understood what was being provided, as well as reviewed some scenarios with the resident.

-The auditor interviewed the facility's intake officer (case manager), who conducts the admission process for the majority of residents being admitted into the facility. The case manager explained how she provides the initial PREA orientation within a few hours after a juvenile first arrives at the facility. The PREA orientation includes the agency's PREA Orientation presentation, OJJ PREA Youth Safety Guide Brochure, the agency's Grievance form, and a form titled, Youth Confirmation of Receipt- PREA. The case manager advised she ensures all resident understand the PREA information being received by asking them questions and going over all the information verbally with each resident. She also explained how an interpreter or translation services can be utilized on an as needed basis.

-Before the on-site, the auditor conducted a test call to the facility's contracted organization that coordinates survivor services for a resident victim of SA, which is the Hearts of Hope. The 24/7 crisis line (337-233-7273) answered after the first ring, and a volunteer of the crisis line answered all my questions related to how a SANE exam is scheduled and a victim advocate is provided. She advised that the crisis line is available 24 hours a day, 7 days a week, and Hearts of Hope coordinates with the victim and the contracted referring agency to coordinate the following services: a victim advocate assigned to the survivor throughout the process, counseling services, a SANE exam, and other supportive victim services needed or requested by the victim or victim's family.

- The auditor also interviewed two employees from Hearts of Hope, the Regional Child & Youth Trafficking Coordinator and the SART Coordinator Lead Survivor Advocate. Each advocate provided the auditor with details of the MOU between Hearts of Hope and AMIKids Acadiana, as well as each agency's responsibilities related to the applicable PREA requirements of providing an advocate, emotional support services, and a 24/7 hotline number for anyone to contact to make a report of sexual abuse or sexual harassment, as well as to request emotional support services if a resident from AMIKids. The advocates advised that an advocate is available 24/7 and is required, at the resident's request, to accompany and support the victim through the forensic medical examination process and investigatory interviews. They also explained how their organization is able to provide emotional support and crisis intervention services to any resident in AMIKids Acadiana, as well as information and referrals to other helpful agencies and organizations.

#### **Site Review Observations:**

- During the on-site phase of the audit, the auditor observed several PREA related documents and posters posted throughout the facility, which further demonstrates the agency's focus to a zero tolerance stance toward all forms of sexual abuse and sexual harassment. One such poster that is posted in each building and housing unit is the "Break the Silence" poster, which clearly states the agency's zero tolerance policy toward all forms of sexual abuse and how to report any type of sexual misconduct to the State of Louisiana's Office of Juvenile Justice. Each housing unit (Dorm) included a bulletin board with several PREA related forms posted so that all residents are able to easily review at any time. Examples of the PREA related signage are described below:

- PREA Information on how to report sexual abuse, sexual assault, or sexual harassment.

- Names of organizations and agencies that a resident can contact if a victim of sexual abuse or sexual harassment (OJJ and Hearts of Hope).

- "Youth Safety- Speak Out/Break the Silence- Tell Someone" (There is NO excuse for abuse)

- Hearts of Hope ("support services for the sexually abused, with 24/7 phone number)
- Mandated Reporters poster (Louisiana Child Protective Statewide Hotline number)
- Student Rights
- Prohibited Practices
- Rules of Conduct
- Grievance Process
- AMIkids Complaint Procedure

During this on-site inspection through the facility's education building, the auditor observed each resident in the classroom with access to a writing utensil, which can be used to write a report of sexual abuse or sexual harassment. The auditor also observed locked grievances boxes in each dorm (housing unit), which allowed residents a confidential and private method of submitting a written report of sexual abuse or sexual harassment directly to a supervisor or administrator within the department.

**Explanation of determination:**

**115.351 (a-e):**

The auditor confirmed that agency Policy 6.51 includes all the requirements of this standard. Policy 6.51 includes multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Specific examples on how a resident can report that are included in this Policy are as follows:

- Residents can privately report to agency officials by informing their advisor, shift supervisor, or any staff they feel comfortable with verbally or through written communication.
- Complete and submit a grievance form.
- Request to speak with their Treatment Counselor.
- Request an appointment to speak with any Director including the Executive Director.
- Report to a public or private entity or office that is not part of the AMIkids, such as: DCFS/CFS Abuse Hotline, Rape Crisis Hotline (Hearts of Hope).
- Residents detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials to the Department of Homeland Security during the intake process.

The following are methods in place, per Policy 6.51, that staff can follow to make a report:

- Staff at any time can call the Abuse Hotline.
- Staff can inform supervisors in writing anonymously.
- Staff can at any time speak with a Director including the Executive Director on a one-on-one basis.

The auditor was also provided the PREA orientation material provided to each resident during the initial PREA orientation shared during the intake process, as well as the same but more comprehensive PREA education provided by the PC within 10 days of each residents admission into the facility. The auditor was able to confirm that the PREA information provided includes multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This information that is provided to each resident also explains the different ways residents are able to report abuse or harassment to a public or private entity (Hearts of Hope) or office (OJJ or DCFS) that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

The PC provided the auditor with the agency's Third Party Reporting Form, which, as the auditor verified, is available on the facility's website: <http://www.amikids.org/programs-and-services/programs/amikids-acadiana/story/about>. This document allows a third party, such as a parent or someone from outside the facility, to report a sexual abuse or sexual harassment allegation to agency leadership via email, in-person, or the United States Post Office. The form also includes the following statement, "If you feel a resident is subject to a substantial risk of imminent harm, immediately notify the facility of your concerns by calling (337) 337-4838 and speaking with the Director, Issac Williams (if available) or

any staff member. Staff shall immediately forward the concern to the Director or a level of review where immediate corrective action may be taken."

The auditor was also provided an OJJ PREA Brochure that is provided to each resident during the intake process. Upon review of this brochure, the auditor determined that this document provides all residents with instructions on how to report to the state of Louisiana OJJ office any sexual abuse, sexual harassment, staff neglect, or retaliation.

Lastly, as noted in subsections 115.321 and 115.322 of this report, the agency received one allegation of sexual abuse and two allegations of sexual harassment in the past 3 years. The documentation provided for these allegations demonstrated the multiple systems in place to allow a resident to report a PREA related allegation, with one of the sexual harassment allegations being reported and handled through the agency's grievance process and the one sexual abuse allegation being reported privately to AMIkids Acadiana staff.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><u>115.352</u></p> <p data-bbox="242 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 624 409" style="list-style-type: none"> <li>- Facility Policies 6.52, 6.21, and 6.71</li> </ul> <p data-bbox="242 441 363 468"><b>Interviews:</b></p> <ul data-bbox="242 499 1481 689" style="list-style-type: none"> <li>- The agency's PC verified during her interview as the PC and designated Executive Director of the facility that the agency handles all grievances alleging sexual abuse as a sexual abuse investigation, in which the facility is required to report this immediately to the Acadia Parish Sheriff's Department (APSD), OJJ, and the Department of Children and Family Protective Services. There are no options available for the facility to process a grievance alleging sexual abuse informally- only as a criminal investigation through APSD and an administrative investigation through the OJJ PREA Investigatory Division for the state.</li> </ul> <p data-bbox="242 721 563 748"><b>Explanation of determination:</b></p> <p data-bbox="242 779 389 806"><b>115.352 (a-g):</b></p> <p data-bbox="242 837 1489 1131">Per facility Policy 6.52, the agency AMIkids does <b>NOT</b> have administrative procedures to address resident grievances regarding sexual abuse. The facility considers any grievance alleging sexual abuse as an immediate cause for following the facility's mandatory reporting and investigative protocols set forth in Policies 6.21 and 6.71, which includes making an immediate report to the Acadiana Parish Sheriff's Office (APSO), the Office of Juvenile Justice (OJJ) for the State of Louisiana, and the State of Louisiana's Department of Children and Family Services (DCFS). Furthermore, as documented in subsection 115.321 and 115.322 of this report, the APSO, OJJ, and DCFS are agencies responsible for conducting their own investigations into any allegation of sexual abuse that is reported to have occurred in the Acadiana facility. This was also confirmed through the auditor's analysis of the agency's investigative policies and review of the answers provided on the PAQ.</p> <p data-bbox="242 1162 1481 1323">Furthermore, upon reviewing the investigatory documents provided to demonstrate the reporting and investigative requirements pursuant to standards 115.321 and 115.322, the auditor determined that the one grievance provided that related to a PREA allegation was for a sexual harassment allegation and <u>not</u> a sexual abuse allegation. Therefore, this grievance alleging a type of sexual harassment could be handled informally and through the agency's grievance process, as it was, without the requirements of this standard applied.</p> <p data-bbox="242 1355 376 1382"><b>Conclusion:</b></p> <p data-bbox="242 1413 1481 1473"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

**115.353 Resident access to outside confidential support services and legal representation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.353**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 6.53
- MOU between Hearts of Hope & AMIkids Acadiana
- Letters from Contracted Licensed Clinical Social Worker
- Test call to the 24/7 child abuse reporting hotline with Hearts of Hope
- OJJ "Youth Safety- Speak Out Break the Silence- Tell Someone" Poster
- Hearts of Hope (Support Services for the Sexually Abuse) Poster

**Interviews:**

-The auditor interviewed ten (10) randomly selected residents, plus one targeted resident, for a total of eleven (11) residents interviewed. Each resident was able to sufficiently articulate the PREA orientation they received during the intake process, as well as the more comprehensive PREA education provided by the PC within 10 days of being admitted into the facility. All the residents were aware of multiple internal and external methods of making a report of sexual abuse or sexual harassment, as well as their right to be free from sexual abuse, sexual harassment, retaliation for reporting, and staff neglect. Each resident affirmed they received the PREA information during intake (day of being admitted into the facility), as well as being provided a resident handbook and other PREA related documents (e.g., Resident Handbook, Grievance Procedures, PREA brochure and information packet). Additionally, all the residents interviewed identified the bulletin board that is located in each housing unit (Dorm), which was explained to include postings of PREA related forms and information regarding multiple ways to report, Hearts of Hope Advocacy Organization, zero tolerance policy, grievance procedures, etc. The residents interviewed knew of the Hearts of Hope organization and how to find the contact information for this advocacy organization (e.g., the postings in each dorm or by asking a staff member). Additionally, each resident understood they had access to a counselor from the agency or offsite that could provide emotional support services on an as needed basis. All the residents interviewed were knowledgeable on how to contact their parent/guardian and attorney, with family phone calls offered twice per week. The residents expressed they have the right to privacy with calls to their attorney and explained that they would be moved to the administrative building for such a call.

-During the PC's interview, the PC explained how she ensures all residents admitted into the facility fully comprehend the PREA information and education received by meeting with every resident within ten (10) days after being admitted into the facility. The PC described how she goes over the PREA Resident Power Point presentation with each resident and provides scenario-based questions to ensure all residents, regardless of cognitive ability, understand the PREA information received. The PC described how she asks the residents PREA related questions and breaks down the PREA education to an appropriate level to ensure the information being provided is understood. The PC provided the auditor with an example of the agency's PREA information folder for residents, both available in Spanish and English. The folder included a PREA Orientation presentation, OJJ PREA Youth Safety Guide Brochure, the agency's Grievance form, and a form titled, Youth Confirmation of Receipt- PREA. She described how the agency's case manager reviews the contents of the PREA folder with each resident upon being admitted into the facility (day of), as well as the process of the PC reviewing everything again within 10 days of each resident's admittance into the facility, as noted above. The PC is a licensed master counselor, who explained how she is able to effectively articulate the PREA comprehensive education in such a way that all residents are able to easily understand. The PC also explained the information provided to each resident on how to access Hearts of Hope for outside victim advocacy and emotional support services. She advised that the agency does not house residents solely for civil immigration purposes, and all the residents admitted are in the custody and care of the state of Louisiana OJJ. The communication process of allowing for a resident to talk with a counselor or emotional support specialized with Hearts of Hope was explained as allowing any resident who wishes to utilize these services to call from the administration building in order to ensure full privacy and confidentiality. In addition, the master's licensed counselors on staff, including the PC, are available to meet with any resident in the same confidential and private setting in the administration building. The informed consent process was explained as a verbal statement provided to each resident upon initiation of service; however, all residents are under the age of 18.

-The auditor interviewed the facility's intake officer (case manager), who conducts the admission process for the majority of residents being admitted into the facility. The case manager explained how she provides the initial PREA orientation within a

few hours after a juvenile first arrives at the facility. The PREA orientation includes the agency's PREA Orientation presentation, OJJ PREA Youth Safety Guide Brochure, the agency's Grievance form, and a form titled, Youth Confirmation of Receipt- PREA. The case manager advised she ensures all resident understand the PREA information being received by asking them questions and going over all the information verbally with each resident. She also explained how a interpreter or translation services can be utilized on an as needed basis. This information includes a review of the outside victim advocacy and emotional support services that are available through Hearts of Hope.

-Before the on-site, the auditor conducted a test call to the facility's contracted organization that provides advocacy and emotional support services to residents at the facility, which is the Hearts of Hope. The 24/7 crisis line (337-233-7273) answered after the first ring, and a volunteer of the crisis line answered all my questions related to how a SANE exam is scheduled, a victim advocate is provided, and how emotional support services are provided in a confidential manner when requested by a resident. She advised that the crisis line is available 24 hours a day, 7 days a week, and Hearts of Hope coordinates with the victim and the contracted referring agency to coordinate the following services: a victim advocate assigned to the survivor throughout the process, emotional support, counseling services, a SANE exam, and other supportive victim services needed or requested by the victim or victim's family.

- The auditor also interviewed two employees from Hearts of Hope, the Regional Child & Youth Trafficking Coordinator and the SART Coordinator Lead Survivor Advocate. Each advocate provided the auditor with details of the MOU between Hearts of Hope and AMIKids Acadiana, as well as each agency's responsibilities related to the applicable PREA requirements of providing an advocate, emotional support services, and a 24/7 hotline number for anyone to contact to make a report of sexual abuse or sexual harassment, as well as to request emotional support services if a resident from AMIKids. The advocates advised that an advocate is available 24/7 and is required, at the resident's request, to accompany and support the victim through the forensic medical examination process and investigatory interviews. They also explained how their organization is able to provide emotional support and crisis intervention services to any resident in AMIKids Acadiana, as well as information and referrals to other helpful agencies and organizations.

- The auditor interviewed another one of the agency's master level counselors, who verified that Hearts of Hope (HOH) is responsible for conducting the forensic exam for any resident who is a victim of sexual abuse and provide advocacy services, as well as emotional support services as needed for any resident in the facility. HOH organization is required, per the MHP, to work collaboratively with law enforcement and AMIKids to ensure a survivor of sexual abuse would be provided all the PREA required services and follow-up care. This MHP explained how informed consent is provided to each resident verbally before services are provided; however, all the residents are under the age of 18 and all staff and counselors involved are mandated reporters.

**Site Review Observations:**

- During the on-site phase of the audit, the auditor observed several PREA related documents and posters posted throughout the facility, which further demonstrates the agency's focus to a zero tolerance stance toward all forms of sexual abuse and sexual harassment. One such poster that is posted in each building and housing unit is the "Break the Silence" poster, which clearly states the agency's zero tolerance policy toward all forms of sexual abuse and how to report any type of sexual misconduct to the State of Louisiana's Office of Juvenile Justice. Each housing unit (Dorm) included a bulletin board with several PREA related forms posted so that all residents are able to easily review at any time. Examples of the PREA related signage are described below:

- PREA Information on how to report sexual abuse, sexual assault, or sexual harassment.

- Names of organizations and agencies that a resident can contact if a victim of sexual abuse or sexual harassment (OJJ and Hearts of Hope).

- "Youth Safety- Speak Out/Break the Silence- Tell Someone" (There is NO excuse for abuse)

- Hearts of Hope ("support services for the sexually abused, with 24/7 phone number)

- Mandated Reporters poster (Louisiana Child Protective Statewide Hotline number)

- Student Rights

- Prohibited Practices

- Rules of Conduct

- Grievance Process

- AMIKids Complaint Procedure

**Explanation of determination:**

**115.353 (a-d):**

The auditor confirmed that the requirements of this standard are included in Policy 6.53. Additionally, the auditor was provided an executed MOU between AMIKids Acadiana and Heart of Hope. The auditor verified that the MOU is a cooperative, collaborative commitment between HOH and AMIKids Acadiana. The purpose of the MOU is to define the relationship between AMIKids and HOH in addressing and reporting incidents or suspected incidents of sexual abuse, sexual assault, and severe physical abuse that may occur at the AMIKids Acadiana facility. HOH ensures a collaborative response by law enforcement, the crime lab, SANE nurses, advocates, caseworkers, therapists, and other necessary parties to victims who report sexual violence. Requests for services can be made 24-hours a day, 7 days a week to the crisis line, 337- 233- 7273. Emergency room advocates and SANE services are available at any Lafayette parish hospital. In the event that there is not a SANE available, all Lafayette parish hospitals are designated SANE sites and services are still available.

In the MOU, AMIKids Acadiana agrees to the following:

- Designate a liaison to serve as a contact person for HOH cases.
- Provide AMIKids participants access to HOH 24-hour crisis line, 337-233- 7273. For the purpose of support and or advocacy not reporting an assault. An outside agency must be used for reporting
- Report all incidents or suspected incidents of sexual abuse, sexual assault, and physical abuse to the Department of Children & Family Services (DCFS) or to Law Enforcement (LE);
- Provide a case or incident report number;
- Refer AMIKids participants for SANE services as appropriate.
- Participate in Hearts of Hope's training to AMIKids employees regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- AMIKids employees will participate in the required Department of Children and Family Services training for mandatory reporting. Which can be found on Department of Children and Family Services website: <http://www.dcf.louisiana.gov>

Hearts of Hope agrees to:

- Designate a liaison to serve as a contact person for AMIKids cases
- Provide a 24-hour crisis line, 337-233-7273
- Report all incidents or suspected incidents of sexual abuse, sexual assault, and physical abuse to the Department of Children and Family Services (DCFS) or to Law Enforcement (LE)
- Provide SANE services as appropriate
- Provide Forensic Interview services to Department of Children and Family Services or LE
- Provide training to AMIKids employees regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- Provide education to AMIKids participants as requested regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- Provide advocacy and counseling services to AMIKids participants who report sexual abuse, sexual assault, and physical abuse

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><u>115.354</u></p> <p data-bbox="240 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="240 383 1149 470" style="list-style-type: none"> <li>- Facility Policy 6.54 (Third Party Reporting)</li> <li>- AMIkids Acadiana Campus Third Party Reporting Form (posted on the agency's website)</li> </ul> <p data-bbox="240 499 363 526"><b>Interviews:</b></p> <p data-bbox="240 555 1485 819">All 11 of the residents interviewed identified a bulletin board that is located in each housing unit (Dorm), which was explained to include postings of PREA related forms and information regarding multiple ways to report, Hearts of Hope Advocacy Organization, zero tolerance policy, grievance procedures, etc. Each resident provided specific examples of how a resident can report sexual abuse or sexual harassment, which included, but is not limited to: telling a staff member they trust (e.g., telling their counselor, teacher, PO, or parent); calling one of the hotline numbers by using the facility phone (e.g., Hearts of Hope, OJJ, or the police); and writing a letter or grievance. The residents all understood that they could report using these methods anonymously by either not writing their name down on the letter or grievance or by not giving their name over the phone. All residents explained how they are provided access to a writing utensil and grievance or paper upon request.</p> <p data-bbox="240 848 1485 1077">-Before the on-site, the auditor conducted a test call to the facility's contracted organization that coordinates survivor services for a resident victim of SA, which is the Hearts of Hope. The 24/7 crisis line (337-233-7273) answered after the first ring, and a volunteer of the crisis line answered all my questions related to how a SANE exam is scheduled and a victim advocate is provided. She advised that the crisis line is available 24 hours a day, 7 days a week, and Hearts of Hope coordinates with the victim and the contracted referring agency to coordinate the following services: a victim advocate assigned to the survivor throughout the process, counseling services, a SANE exam, and other supportive victim services needed or requested by the victim or victim's family.</p> <p data-bbox="240 1106 528 1133"><b>Site Review Observations:</b></p> <ul data-bbox="240 1162 1485 1603" style="list-style-type: none"> <li>- During the on-site phase of the audit, the auditor observed on each housing unit (Dorm) a bulletin board with several PREA related forms, such as:</li> <li>- PREA Information on how to report sexual abuse, sexual assault, or sexual harassment.</li> <li>- Names of organizations and agencies that a resident can contact if a victim of sexual abuse or sexual harassment (OJJ and Hearts of Hope).</li> <li>- "Youth Safety- Speak Out/Break the Silence- Tell Someone" (There is NO excuse for abuse)</li> <li>- Hearts of Hope ("support services for the sexually abused, with 24/7 phone number)</li> <li>- Mandated Reporters poster (Louisiana Child Protective Statewide Hotline number)</li> <li>- AMIkids Complaint Procedure</li> </ul> <p data-bbox="240 1632 563 1659"><b>Explanation of determination:</b></p> <p data-bbox="240 1688 368 1715"><b>115.354 (a):</b></p> <p data-bbox="240 1744 1453 1910">The auditor confirmed that agency Policy 6.54 includes established methods to receive third-party reports of sexual abuse and sexual harassment. In addition, the auditor verified that information on how to report sexual abuse and sexual harassment on behalf of a resident was available on the agency's website at: <a href="http://www.amikids.org/programs-and-services/programs/amikids-acadiana/prea">http://www.amikids.org/programs-and-services/programs/amikids-acadiana/prea</a>.</p> <p data-bbox="240 1939 1294 1966">Agency Policy 6.54 details the following information related to third party reporting on behalf of a resident:</p> <ul data-bbox="240 1995 1485 2157" style="list-style-type: none"> <li>- Sexual abuse and sexual harassment posters with reporting information will be posted in various areas on campus.</li> <li>- Sexual abuse and sexual harassment pamphlets with reporting information will be available at the check in counter/desk of the facility and visitor areas.</li> <li>- Reporting is possible by providing information on the AMI website at the address of: <a href="http://ami.kids.org/@">http://ami.kids.org/@</a> (or otherwise make it available to the public) and update as needed.</li> </ul>

- Third Party Reporting forms are distributed to all medical and mental health providers who provide services to the residents of AMIKids residents for reporting purposes.

Furthermore, the agency provided the auditor with an executed MOU between the facility and Hearts of Hope (HOH), which details the relationship between AMIKids and HOH in addressing and reporting incidents or suspected incidents of sexual abuse, sexual assault, and severe physical abuse that may occur at the AMIKids Acadiana facility. HOH ensures a collaborative response by law enforcement, the crime lab, SANE nurses, advocates, caseworkers, therapists, and other necessary parties to victims who report sexual violence. Requests for services can be made 24-hours a day, 7 days a week to the crisis line, 337- 233-7273. Emergency room advocates and SANE services are available at any Lafayette parish hospital. In the event that there is not a SANE available, all Lafayette parish hospitals are designated SANE sites and services are still available.

In the MOU, AMIKids Acadiana agrees to the following:

- Designate a liaison to serve as a contact person for HOH cases.
- Provide AMIKids participants access to HOH 24-hour crisis line, 337-233- 7273. For the purpose of support and or advocacy not reporting an assault, an outside agency must be used for reporting
- Report all incidents or suspected incidents of sexual abuse, sexual assault, and physical abuse to the Department of Children & Family Services (DCFS) or to Law Enforcement (LE);
- Provide a case or incident report number;
- Refer AMIKids participants for SANE services as appropriate.
- Participate in Hearts of Hope's training to AMIKids employees regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- AMIKids employees will participate in the required Department of Children and Family Services training for mandatory reporting. Which can be found on Department of Children and Family Services website: <http://www.dcfslouisiana.gov>

Hearts of Hope agrees to:

- Designate a liaison to serve as a contact person for AMIKids cases
- Provide a 24-hour crisis line, 337-233-7273
- Report all incidents or suspected incidents of sexual abuse, sexual assault, and physical abuse to the Department of Children and Family Services (DCFS) or to Law Enforcement (LE)
- Provide SANE services as appropriate
- Provide Forensic Interview services to Department of Children and Family Services or LE
- Provide training to AMIKids employees regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- Provide education to AMIKids participants as requested regarding sexual abuse, sexual assault, human trafficking, and physical abuse
- Provide advocacy and counseling services to AMIKids participants who report sexual abuse, sexual assault, and physical abuse

The PC provided the auditor with the agency's Third Party Reporting Form, which, as the auditor verified, is available on the facility's website: <http://www.amikids.org/programs-and-services/programs/amikids-acadiana/story/about>. This document allows a third party, such as a parent or someone from outside the facility, to report a sexual abuse or sexual harassment allegation to agency leadership via email, in-person, or the United States Post Office. The form also includes the following statement, "If you feel a resident is subject to a substantial risk of imminent harm, immediately notify the facility of your concerns by calling (337) 337-4838 and speaking with the Director, Issac Williams (if available) or any staff member. Staff shall immediately forward the concern to the Director or a level of review where immediate corrective action may be taken."

Lastly, the auditor was also provided an OJJ PREA Brochure that is provided to each resident during the intake process.

Upon review of this brochure, the auditor determined that this document provides all residents with instructions on how to report to the state of Louisiana OJJ office any sexual abuse, sexual harassment, staff neglect, or retaliation.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><u><b>115.361</b></u></p> <p data-bbox="242 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 385 1109 526" style="list-style-type: none"> <li>- Facility Policy 6.54 (Staff and Agency Reporting Duties)</li> <li>- Investigative Files</li> <li>- AMIkids Acadiana Residential Facility PREA Incident Response Reporting document</li> </ul> <p data-bbox="242 557 363 584"><b>Interviews:</b></p> <ul data-bbox="242 613 1492 1144" style="list-style-type: none"> <li>- The auditor interviewed the PC, who explained that all staff, volunteers, and contractors who may have contact with residents in the AMIkids Acadiana facility are mandatory reporters of the state and required to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding a resident who has experienced sexual abuse or sexual harassment; 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. Such allegations are required to be reported directly to Acadia Parish Sheriff's Department/APSD (sexual abuse only), Louisiana Department of Children and Family Services (DCFS), OJJ, and to administration within the facility. The PC described how the confidentiality of any information related to a PREA related incident or allegation is strongly upheld and protected, with only certain administrators and counselors having access to these sensitive documents and information. The PC is a master's licensed counselor for the state of Louisiana, and she explained the requirements associated with informing residents at the initiation of services of their duty to report and the limitations of confidentiality. Furthermore, she advised that upon receiving any allegation of sexual abuse, the facility head or designee is required to immediately report the allegation to APSD, OJJ, and DCFS, as well as promptly report to the alleged victim's attorney and parents or legal guardians. The PC advised all residents admitted into the AMIkids Acadiana facility are in the custody of OJJ, not a juvenile court, and this is one reason why any allegation of abuse or harassment, PREA related or not, must be reported to OJJ, with OJJ required to conduct the corresponding administrative investigation for any such report received.</li> </ul> <p data-bbox="242 1173 1476 1301">The PC advised that the last sexual abuse allegation or incident to report to investigators was in February of 2021, as also indicated in the PAQ; in which the OJJ found this allegation to be unsubstantiated. The PC also reported to the auditor that the agency had two allegations resident-on-resident sexual harassment that were alleged since January 2021, with one of the investigations being determined to be unfound and the other was determined to be unsubstantiated by OJJ.</p> <ul data-bbox="242 1330 1492 2051" style="list-style-type: none"> <li>- The facility's Director of Operations (DO), who is considered the facility's superintendent, explained during his interview how all employees, volunteers, and contractors are considered mandatory reporters and, therefore, required to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The procedures for making such a report are posted throughout the facility, so that someone who may not be familiar with the process of how to make such a report can easily be provided the correct information. The DO explained how the procedures of reporting a PREA related allegation depends on the severity of the allegation. For example, a sexual abuse allegation is required to be immediately reported to APSD, OJJ, and facility administration; however, a sexual harassment allegation is required, per agency Policy, to be reported immediately to OJJ and facility administration.</li> <li>- The auditor interviewed twelve (12) randomly selected staff, which included teachers, who provide direct supervision during educational times, and Direct Care Staff (DCS), while on-site. The sample size included staff from all shifts, including from the morning, afternoon, and overnight shifts. There were four (4) teachers and one (1) DCS interviewed who work the morning shift, three (3) DCS from the afternoon shift, one (1) DCS Supervisor from the afternoon shift, and three (3) DCS from the overnight shift. Each staff interviewed advised that the facility has the requirement for all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Each staff was familiar with the agency's procedures for making such a report, with sufficiently explaining how sexual abuse allegations are required to be reported to ACSD (who conducts any criminal investigation at the facility) and OJJ and DCFS (whom conduct the administrative investigations), as well as to their direct supervisors and the PC.</li> </ul> <ul data-bbox="242 2080 1465 2141" style="list-style-type: none"> <li>- The nurse and Director of Treatment (master's level counselor) both explained how they are mandatory reporters and are required to report immediately and according to agency policy any knowledge, suspicion, or information they receive</li> </ul>

regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. They indicated in each of their individual interviews the process of providing each resident at the initiation of services their duty to report and the limitations of confidentiality.

**Explanation of determination:**

**115.361 (a-f):**

Upon review of agency Policy 6.54, the auditor determined that all the requirements of this standard are included therein. Policy 6.54 explicitly states, "AMlkds Acadiana facility shall require all staff to report immediately and according to facility policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility shall also require all staff to comply with any applicable mandatory abuse reporting laws."

Policy 6.54 also includes facility specific protocols that require staff with knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment happening in this facility to immediately report to their Supervisor. Supervisors are then required to immediately notify the Director of Operations and/or PREA Coordinator and make a mandated report to the Louisiana Department of Children and Family Services immediately, as well as contact law enforcement to report the abuse and/or harassment.

The auditor was also provided the agency's PREA incident Response Reporting form, which includes the coordinated action taken in response to an incident of sexual abuse among staff first responders, direct care staff, counselors and treatment staff, and educational staff. The protocols in place, as indicated on this form, includes for the shift supervisor to call the Director of Operations (DO), Executive Director (ED), Director of Treatment (DT), and the PC. The Director of Treatment is then required to contact the alleged victim's parent/guardian, the assigned state probation officer, and the victim's attorney within 24 hours. The shift supervisor is also required to contact local law enforcement, the OJJ duty officer, and DCFS to report the abuse to outside authorities.

Furthermore, the auditor was provided investigative documents for three PREA related administrative investigations that were conducted at the facility in the past 30 months. Each of the investigative documents sufficiently demonstrated how the agency ensures allegations of sexual harassment and sexual abuse are immediately reported according to agency policy, as well as the process of contacting the victim's parent/guardian/attorney. In the one sexual abuse investigation, the auditor confirmed the provided Unusual Occurrence Report included the contact made with the victim's parent, which was made on the same day of the allegation being reported. In addition, the auditor was provided the agency's Sexual Abuse Incident Check Sheet for the one allegation of sexual abuse, which indicated the time and date the shift supervisor was made aware of the allegation, as well as when the shift supervisor contacted the APSD, OJJ, DO, ED, and PC.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><u>115.362</u></p> <p data-bbox="240 327 943 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="240 387 1102 470" style="list-style-type: none"> <li>- Facility Policy 6.62 (Agency Protection Duties)</li> <li>- Facility's risk screening tools for initial assessment and re-assessment of risk factors</li> </ul> <p data-bbox="240 501 363 528"><b>Interviews:</b></p> <ul data-bbox="240 562 1485 1435" style="list-style-type: none"> <li>- The auditor interviewed the agency's PC, who was at the time of the on-site the designated agency head, and she explained the immediate action the facility takes when it is learned that a resident is subject to a substantial risk of imminent sexual abuse. The PC described how the agency will ensure the resident who is at risk is immediately separated from the alleged threat, as well as investigate the situation to determine the level of threat and who all is involved. The investigation would include talking to residents and staff, reviewing camera surveillance video, and analyzing relevant documents (shift reports, logs, etc.). Furthermore, the PC described how unlike a secure facility, they are unable to securely isolate a resident, but they can move any resident to another location in order to ensure maximum safety. She explained how residents who pose a serious threat to safety and security can be removed from the program altogether and be picked up by OJJ.</li> <li>- The auditor also interviewed the agency's superintendent, who is the facility's Director of Operations (DO). The DO explained how immediate action is required to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. He described how the resident who is the subject of the threat would be escorted to the administrative building to ensure safety and to figure out the extent of the threat. The DO indicated he would review cameras, follow-up with staff and other resident involved, and review applicable documents in order to ensure all the facts are understood before making a decision on how best to proceed.</li> <li>- The auditor interviewed twelve (12) randomly selected staff, which included teachers, who provide direct supervision during educational times, and Direct Care Staff (DCS), while on-site. The sample size included staff from all shifts, including from the morning, afternoon, and overnight shifts. There were four (4) teachers and one (1) DCS interviewed who work the morning shift, three (3) DCS from the afternoon shift, one (1) DSC Supervisor from the afternoon shift, and three (3) DCS from the overnight shift. Each staff interviewed sufficiently explained how they would take immediate action to ensure any resident who may feel threatened is protected and provided a safe avenue for making such a report. Examples of the immediate action taken in response to a resident who is subject to a substantial risk of sexual abuse included: moving the resident away from the potential, alleged threat; walking the resident to a supervisor or PC; reporting the situation to the staff's direct supervisor or PC, talking with other residents to figure out the extent of the threat; and moving the resident to another dorm.</li> </ul> <p data-bbox="240 1467 563 1494"><b>Explanation of determination:</b></p> <p data-bbox="240 1525 368 1552"><b>115.362 (a):</b></p> <p data-bbox="240 1583 1477 1675">Agency Policy 6.62 requires AMIkids Acadiana to take immediate action to protect a resident upon learning that the resident is subject to a substantial risk of imminent sexual abuse. This Policy also includes facility specific steps to ensure residents who are at risk are protected, such as:</p> <ul data-bbox="240 1706 1493 2145" style="list-style-type: none"> <li>- When at all possible, the subject(s) who pose a substantial risk of imminent sexual abuse would be removed immediately from the same area, dorm, work, education class and program assignments as the resident at risk with the goal of keeping all residents safe and free from sexual abuse.</li> <li>- If the above procedure is not appropriate then, the resident at risk of imminent sexual abuse would be removed immediately from the same area, dorm, work, and education class and program assignments as the subject who poses the risk.</li> <li>- The resident will be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until alternate means of keeping all residents safe can be arranged. During any period of isolation, AMIkids Acadiana will ensure that residents have access to daily-large muscle exercise, treatment and any legally required educational programming or special education services. If a-resident is isolated pursuant to section, the facility will document the basis of the facility's concern for the resident's safety, and the reason why no alternate means of separation can be arrange. AMIkids Acadiana will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation.</li> </ul>

- The action taken will be documented in the daily shift log and the residents case management file.

Note: The facility is not able to isolate any residents in an individual cell or room due to the dorm style structure of the facilities housing units; however, the above procedures related to isolating a resident are included in Policy 6.62 as a precautionary measure in case such a situation were to be attempted.

Furthermore, the PC indicated in the PAQ that in the past 12 months there has not been a situation involving a resident who is subject to a substantial risk of imminent sexual abuse. This was also verified through the interviews conducted with the 12 randomly selected staff, in which each staff interviewed advised of the measures in place to protect such a resident but no such situation has occurred in the facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.363	<b>Reporting to other confinement facilities</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 300"><u>115.363</u></p> <p data-bbox="242 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 451 412" style="list-style-type: none"> <li>- Facility Policy 6.63</li> </ul> <p data-bbox="242 443 363 472"><b>Interviews:</b></p> <ul data-bbox="242 499 1485 884" style="list-style-type: none"> <li>- The auditor interviewed the agency's PC, who was also the designed agency head at the time of the on-site, and she explained the procedures for when a resident at AMIkids Acadiana makes a report of sexual abuse that alleged to have occurred at another facility, in which the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. The notification would be made as soon as possible and within the 72 hour time frame, with this being documented as required by agency Policy. The PC explained that this type of sexual abuse allegation would also be reported to OJJ and DCFS, who would conduct their own investigations into the matter.</li> <li>- The auditor also interviewed the agency's Director of Operations (DO), who explained how if a resident made an allegation of being sexually abused at another facility, this allegation would be immediately reported to the PC and Executive Director. These administrators would then be responsible for contacting OJJ, DCFS, the applicable law enforcement agency, and agency leadership of the facility where the sexual abuse was alleged to have occurred.</li> </ul> <p data-bbox="242 916 563 945"><b>Explanation of determination:</b></p> <p data-bbox="242 972 389 1001"><b>115.363 (a-d):</b></p> <p data-bbox="242 1028 1485 1124">Upon the auditor's review of agency Policy 6.63, it was determined that all the requirements of this standard are included. Furthermore, this Policy includes the following facility specific procedures for ensuring proper notification and documentation is conducted for any resident who makes a report of sexual abuse that alleged to have occurred at another facility:</p> <ul data-bbox="242 1151 1485 1545" style="list-style-type: none"> <li>- In the event that a resident alleges that sexual abuse occurred at another facility, AMIkids Acadiana 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 the notification. Additionally, AMIkids will ensure that the allegation is investigated in accordance with PREA standards.</li> <li>- The Executive Director or designee will notify the appropriate investigative agency (i.e. BCSO, APSD, and Abuse hotline).</li> <li>- The Executive Director or designee will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</li> <li>- Resident will be referred to Hearts of Hope for treatment services.</li> <li>- All allegations received from other agencies or facilities will be investigated.</li> </ul> <p data-bbox="242 1572 1469 1668">The PC indicated in the PAQ that in the past 12 months, zero allegations of sexual abuse were received alleging a resident at AMIkids Acadiana was sexually abused while at another facility. This was verified through interviewing the 11 residents, the PC, and the DO.</p> <p data-bbox="242 1700 376 1729"><b>Conclusion:</b></p> <p data-bbox="242 1756 1481 1816"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.364**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 6.64 (Staff First Responder Duties)
- AMIkids Acadiana Residential Facility PREA Incident Response Reporting Document
- AMIkids Acadiana Sexual Abuse Incident Checklist

**Interviews:**

- The auditor interviewed twelve (12) randomly selected staff, which included teachers, who provide direct supervision during educational times, and Direct Care Staff (DCS), while on-site. The sample size included staff from all shifts, including from the morning, afternoon, and overnight shifts. There were four (4) teachers and one (1) DCS interviewed who work the morning shift, three (3) DCS from the afternoon shift, one (1) DCS Supervisor from the afternoon shift, and three (3) DCS from the overnight shift. Each staff interviewed sufficiently explained their responsibilities as a first responder to an incident of sexual abuse of a resident. All the staff members who provide direct supervision of residents in the facility, including teachers and DCS, are trained in how to be a first responder and are considered first responders. All 12 staff were knowledgeable of the most important first step of separating the alleged victim from the perpetrator, and they all understood the process of ensuring the victim is safe and advised not to shower, change clothing, use the restroom, or do anything that could possibly destroy usable physical evidence. The staff sufficiently articulated the remaining first responder protocols of immediately contacting a supervisor, law enforcement, OJJ, and DCFS; preserving and protecting the scene so criminal investigators are able to effectively collect the evidence; to advise the perpetrator to also not take any action that could destroy physical evidence; provide a written and verbal statement to investigators and administrators; document the incident on an incident reporting form; contact medical and mental health professionals as needed; and the requirement of contacting Hearts of Hope for forensic services and advocacy. The staff interviewed all expressed how they have never had to respond to a sexual abuse incident, but all felt confident in their ability to respond and provide first responder services to a victim of sexual abuse. After interviewing the 12 randomly selected staff, the auditor determined that all the staff are adequately trained on how to effectively respond to an incident of resident sexual abuse that occurs in the facility.

**Site Review Observations:**

- During the on-site inspection, the auditor was shown the agency's PREA Policy Manual, in which the PC explained includes all the PREA Policies and forms used by the facility. One section on the manual that was pointed out by the PC included first responder information and related documents. The PC explained how any staff member could review this information upon responding to a sexual abuse incident in the facility and use the forms to ensure all the required first responder steps are taken. One such form that the auditor reviewed from this manual is the agency's Sexual Abuse Incident Checklist, which provides detailed step-by-step instructions on how to respond to a child who has been a victim of sexual abuse in the facility.

**Explanation of determination:**

**115.364 (a-b):**

The auditor confirmed that agency Policy 6.64 includes all the requirements of this standard, as well as facility specific procedures on notifying APSD, OJJ, DCFS, Hearts of Hope, supervisory staff, the applicable state probation officer, and the resident's attorney.

The auditor was also provided the facility's PREA Incident Response Reporting document, which is a four (4) page document that outlines the duties of first responder, medical and mental health practitioners, and facility supervisors and administrators to respond to an incident or allegation of a resident who has been sexually abused in the facility. Upon review of this document, the auditor determined that the facility's response protocols are compliant with the requirements set forth in PREA standard 115.364.

Additionally, in order to demonstrate how the agency complies with the first responder duties pursuant to this standard, the PC provided the auditor with their Sexual Abuse Incident Checklist for an allegation of sexual abuse that occurred in 2021. This form provided a detailed, step-by-step log of the activities that occurred after the allegation was first received by staff.

The first responder steps addressed for this allegation included:

- separating the alleged victim from the alleged perpetrator;
- escorting the alleged victim immediately to the Team Leader Office;
- allowing for the shift supervisor to stabilize and assess the victim;
- the notifications made to DCFS, APSD, & mental health/victim services (Hearts of Hope);
- advising the victim to not shower, remove clothing without medical supervision, use the restroom, or consume any liquids (in order to preserve evidence) -N/A for this allegation;
- notifications to Director of Operations, Executive Director, and PC;

the shift supervisor obtaining a brief statement from the alleged victim while in the Team Leader's Office;

- if the report is within 72 hours of physical abuse/penetration, the shift supervisor and DO ensures the victim is transported to outside medical provider for evidence collection and treatment (Hearts of Hope)- N/A for this allegation;
- if the report is within 72 hours of physical abuse/penetration, shift supervisor and/or investigator preserves the crime scene by sealing access if possible, and photographing the scene and visible evidence at the scene- N/A for this allegation;
- if the alleged perpetrator is a resident, staff ensures he is placed on continuous sight supervision in his dorm or dorm area, in the event evidence collection is required. The resident is not allowed to wash, shower, or change clothes- N/A for this allegation;
- shift supervisor notification of local law enforcement and request for guidance in crime scene preservation and coordinating the investigation- N/A for this allegation;
- Executive Director's notification to OJJ;
- The Executive Director and DO ensures that any agency required documentation is completed within 24 hours of the initial report or allegation of sexual abuse.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><u><b>115.365</b></u></p> <p data-bbox="242 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 385 1002 524" style="list-style-type: none"> <li>- Facility Policy 6.65</li> <li>- AMKids Acadiana Residential Facility PREA Incident Response Reporting</li> <li>- Sexual Abuse Incident Checklist</li> </ul> <p data-bbox="242 557 363 584"><b>Interviews:</b></p> <ul data-bbox="242 613 1485 842" style="list-style-type: none"> <li>- The auditor interviewed the agency's Director of Operations (DO) and PC, who both explained in their individual interviews that the agency not only has a policy on how coordinated actions are taken in response to a sexual abuse incident or allegation but also a PREA Incident Response Plan that outlines a more detailed, and facility specific, plan of action for a coordinated response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Each administrator was able to clearly articulate how staff first responders, medical and mental health professionals, investigators from APSD and OJJ, facility leadership, and Heart of Hope all work together when responding to a report of sexual abuse in the facility.</li> </ul> <p data-bbox="242 873 528 900"><b>Site Review Observations:</b></p> <ul data-bbox="242 929 1445 1191" style="list-style-type: none"> <li>- During the on-site inspection, the auditor was shown the agency's PREA Policy Manual, in which the PC explained includes all the PREA Policies and forms used by the facility. One section on the manual that was pointed out by the PC included first responder information and related documents. The PC explained how any staff member could review this information upon responding to a sexual abuse incident in the facility and use the forms to ensure all the required first responder steps are taken. Two documents that the auditor reviewed from this manual are the agency's Sexual Abuse Incident Checklist and PREA Incident Response Reporting Plan, in which both documents provide detailed step-by-step instructions on how the agency ensures an effective and fully collaborative response to a child who has been a victim of sexual abuse in the facility.</li> </ul> <p data-bbox="242 1223 563 1249"><b>Explanation of determination:</b></p> <p data-bbox="242 1279 368 1305"><b>115.365 (a):</b></p> <p data-bbox="242 1337 1490 1599">Agency Policy 6.65 includes all the requirements for this PREA standard, as verified by the auditor. In addition, the agency's PREA Incident Response Reporting document includes the duties of first responder, medical and mental health practitioners, and facility supervisors and administrators to respond to an incident or allegation of a resident who has been sexually abused in the facility. The documents reviewed for this standard prove that the agency has a written institutional plan that coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. In order to to assess for compliance with this plan in practice, the agency provided their Sexual Abuse Incident Checklist for a sexual abuse allegation that was reported in 2021. This form provided a detailed, step-by-step log of the activities after the allegation was first reported to staff, as explained below:</p> <p data-bbox="242 1630 879 1657">The first responder steps addressed for this allegation included:</p> <ul data-bbox="242 1686 1495 2033" style="list-style-type: none"> <li>- separating the alleged victim from the alleged perpetrator;</li> <li>- escorting the alleged victim immediately to the Team Leader Office;</li> <li>- allowing for the shift supervisor to stabilize and assess the victim;</li> <li>- the notifications made to DCFS, APSD, &amp; mental health/victim services (Hearts of Hope);</li> <li>- advising the victim to not shower, remove clothing without medical supervision, use the restroom, or consume any liquids (in order to preserve evidence) -N/A for this allegation;</li> <li>- notifications to Director of Operations, Executive Director, and PC;</li> </ul> <p data-bbox="242 2065 1283 2092">the shift supervisor obtaining a brief statement from the alleged victim while in the Team Leader's Office;</p> <ul data-bbox="242 2121 1469 2148" style="list-style-type: none"> <li>- if the report is within 72 hours of physical abuse/penetration, the shift supervisor and DO ensures the victim is transported</li> </ul>

to outside medical provider for evidence collection and treatment (Hearts of Hope)- N/A for this allegation;

- if the report is within 72 hours of physical abuse/penetration, shift supervisor and/or investigator preserves the crime scene by sealing access if possible, and photographing the scene and visible evidence at the scene- N/A for this allegation;

- if the alleged perpetrator is a resident, staff ensures he is placed on continuous sight supervision in his dorm or dorm area, in the event evidence collection is required. The resident is not allowed to wash, shower, or change clothes- N/A for this allegation;

- shift supervisor notification of local law enforcement and request for guidance in crime scene preservation and coordinating the investigation- N/A for this allegation;

- Executive Director's notification to OJJ;

- The Executive Director and DO ensures that any agency required documentation is completed within 24 hours of the initial report or allegation of sexual abuse.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><u><b>115.366</b></u></p> <p data-bbox="242 327 943 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 1169 409" style="list-style-type: none"> <li>- Facility Policy 6.66 (Preservation of Ability to Protect Residents from Contact with Abusers)</li> </ul> <p data-bbox="242 443 363 470"><b>Interviews:</b></p> <ul data-bbox="242 499 1481 562" style="list-style-type: none"> <li>- The auditor interviewed the agency's PC, who was the designated agency head during the on-site, and she explained that no collective bargaining is available at the facility, per AMIkids policy.</li> </ul> <p data-bbox="242 591 528 618"><b>Site Review Observations:</b></p> <ul data-bbox="242 647 1481 710" style="list-style-type: none"> <li>- During the on-site, the auditor did not observe or was advised of any information related to the ability for staff to engage in any collective bargaining agreement or union.</li> </ul> <p data-bbox="242 739 563 766"><b>Explanation of determination:</b></p> <p data-bbox="242 795 389 822"><b>115.366 (a-b):</b></p> <p data-bbox="242 851 1485 949">Per agency Policy 6.66, AMIkids Acadiana does NOT enter into collective bargaining agreements; therefore, AMIkids will not enter into or renew collective bargaining agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation.</p> <p data-bbox="242 978 376 1005"><b>Conclusion:</b></p> <p data-bbox="242 1034 1481 1097"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 300"><u>115.367</u></p> <p data-bbox="240 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="240 383 767 528" style="list-style-type: none"> <li>- Facility Policy 6.67 (Protection Against Retaliation)</li> <li>- PREA Retaliation Monitoring Report form</li> <li>- Investigative Documents</li> </ul> <p data-bbox="240 555 363 584"><b>Interviews:</b></p> <ul data-bbox="240 611 1484 779" style="list-style-type: none"> <li>- The auditor interviewed the agency's PC and Director of Operations, and both administrators explained in their individual interviews the policy and practice of conducting retaliation monitoring following a report of sexual abuse for at least 90 days, if not longer. The one allegation of sexual abuse made in 2021 was discussed with each administrator, and it was learned that the alleged victim was released from the facility within a month of when the allegation was first reported. In addition, the administrative investigation of this allegation concluded that the report made was unsubstantiated.</li> </ul> <p data-bbox="240 806 528 835"><b>Site Review Observations:</b></p> <ul data-bbox="240 862 1465 958" style="list-style-type: none"> <li>- During the on-site, the auditor was provided the agency's PREA Manual that was located in the facility's staff breakroom. This manual included all the agency's PREA policies, as well as PREA specific forms such as their PREA Retaliation Monitoring Report form.</li> </ul> <p data-bbox="240 985 563 1014"><b>Explanation of determination:</b></p> <p data-bbox="240 1041 384 1070"><b>115.367 (a-f):</b></p> <p data-bbox="240 1097 1485 1496">Upon the auditor reviewing facility Policy 6.67, it was determined that the agency includes all the requirements of this PREA standard therein. The agency designates facility shift supervisors for being directly responsible for ensuring all residents and staff members who report sexual abuse and sexual harassment are protected from retaliation. Furthermore, the Operations Department, headed by the Director of Operations, is responsible for monitoring possible retaliation, with the Director of Operation required to report any instances of retaliation directly to the facility's Executive Director. The Director of Operations and the facility's PREA Coordinator are required to document allegations and/or incidents or retaliation through conducting the agency's PREA Retaliation Monitoring Report at 30 day increments (at least for up to the 90th day after the initial report of the allegation was reported). An example of this monitoring form was provided to the auditor, which includes the following statement at the top of the form: "Following a report of sexual abuse, the facility will monitor the conduct/treatment of the reporting resident or employee and alleged victim regarding changes that may suggest possible retaliation by resident or staff (e.g., residents- disciplinary, housing or program changes, etc. / employees- reassignment, negative performance review, etc.). The monitoring form also includes the following sections for the reviewer to complete:</p> <ul data-bbox="284 1547 1112 1809" style="list-style-type: none"> <li>• Incident Date</li> <li>• Clarify if resident or employee</li> <li>• Resident Number</li> <li>• Name of Resident or Employee</li> <li>• Date of Review or Incident</li> <li>• Reviewer Name/Position</li> <li>• Type of Periodic Status Check (first 30 days, 60 day, 90 day, or beyond 90 days)</li> <li>• Comments</li> </ul> <p data-bbox="240 1836 1485 2134">The PC indicated in the PAQ that AMIkids Acadiana has not had a sexual abuse allegation or incident in the facility in the past 12 months. Therefore, the agency has not been required to implement their policies in place pursuant to the requirements of this PREA standard during the past 12 month period. The last sexual abuse allegation that was reported in 2021 was investigated by OJJ; however, the agency did not utilize their PREA Retaliation Monitoring Report due to the alleged victim being released within 30 days of the initial report. In addition, the investigation concluded within 30 days after the initial report, with an unsubstantiated outcome reported by the OJJ PREA Investigator. The PC reported that even though the retaliation monitoring report was not completed for this allegation, the Director of Operation and facility supervisors continually monitored for retaliation daily and would have documented any suspicious activity in the shift supervisor reporting log and notified the PC and agency leadership, as required by agency policy. It was reported that no</p>

such retaliation was reported or suspected by the staff in charged with monitoring retaliation.

The auditor was able to determine through reviewing Policy 6.67 and the provided PREA Retaliation Monitoring Reporting form that a compliant plan is fully institutionalized in the facility which adheres to the requirements of this PREA standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.368	<b>Post-allegation protective custody</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 300"><u>115.368</u></p> <p data-bbox="242 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 817 412" style="list-style-type: none"> <li>- Facility Policy 6.42 (Post-allegation Protective Custody)</li> </ul> <p data-bbox="242 441 363 470"><b>Interviews:</b></p> <ul data-bbox="242 499 1490 952" style="list-style-type: none"> <li>- The auditor interviewed the agency's Director of Operations (DO), who explained that isolation in secure room or cell is not possible in the AMIkids Acadiana facility due to the dorm style structure of the housing units, or dorms. The DO expressed how the agency does not utilize segregated housing or isolation. The dorms are open bay style areas that allow for residents to not be secured in an individual room or cell. The program has three such dorms, with two in operation as housing areas for all the current residents in the program. The DO explained that the third dorm is only used as a quarantine dorm; however, if this dorm was needed for housing a resident away from the group, then this would be possible with a staff member assigned to this dorm with the resident. If such a move was made, the resident would be allowed all the same programming and services as all the other residents.</li> <li>- The PC explained how the agency is not able to ever isolation residents in secure housing due to the dorm style construction of the facility, in which the auditor verified when on-site. The PC indicated in the PAQ and advised during her interview that the agency does not utilize or have a way to incorporate any type of segregation or isolation. The agency is made up of three open style dorms; where the residents are not secured in individual rooms or cells. The dorms include bunk beds that are spread out in a large open area in each dorm.</li> </ul> <p data-bbox="242 981 528 1010"><b>Site Review Observations:</b></p> <ul data-bbox="242 1039 1474 1167" style="list-style-type: none"> <li>- The auditor verified during the on-site that the facility includes three dorm style building that are considered housing units; however, these dorms do not include cells or secure rooms as is the case in most juvenile detention centers. The lack of having individual sleeping quarters for each resident does not allow for the facility to utilize isolation or segregation methods of confining residents.</li> </ul> <p data-bbox="242 1196 563 1225"><b>Explanation of determination:</b></p> <p data-bbox="242 1254 368 1283"><b>115.368 (a):</b></p> <p data-bbox="242 1312 1495 1608">Policy 6.42 includes all the requirements of this PREA standard, as verified by the auditor during the pre-onsite phase. Furthermore, the facility does not isolate residents into secure housing units or rooms; instead, the program is more open and includes dorm style living quarters. No resident is able to be secured in a room; therefore, the only option for removing a resident away from others is to re-assign the resident to a different dorm, either by themselves or with another group of residents. Policy 6.42 includes the parameters for how a resident can be separated from others to protect a resident who is alleged to have suffered sexual abuse, which includes only performing this move as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until alternative means of keeping all residents safe can be arranged. All the rights associated with this PREA standard are included in Policy 6.42, as well the statement that a review will be conducted every thirty (30) days to determine if there is continuing need for isolation.</p> <p data-bbox="242 1637 1469 1798">The PC indicated in the PAQ and on-site during her interview that the agency has not utilized any type of isolation or segregation confinement of a resident, and the only available option to move a resident away from others is to place the resident on a dorm by himself, with a staff assigned to be with that resident at all times. The PC also explained how the facility is able to discharge a resident due to being a threat or danger to others, in which case a perpetrator of sexual abuse would be immediately removed from the program and discharged back to OJJ.</p> <p data-bbox="242 1827 376 1856"><b>Conclusion:</b></p> <p data-bbox="242 1886 1481 1946"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

**115.371 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.371**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 6.71 (Criminal & Administrative Agency Investigations)
- Facility Policy 6.21 (Evidence Protocol & Forensic Medical Examinations)
- Facility Policy 6.22 (Policies to Ensure Referrals of Allegations for Investigation)
- Contract between AMIkids Acadiana and the State of Louisiana Office of Juvenile Justice (OJJ)
- Memo from State of Louisiana Office of Juvenile Justice (OJJ) to AMIkids Acadaina
- AMIkids- Acadiana Third Party Reporting Form
- Sexual Abuse Incident Check Sheet
- AMIkids Acadiana Unusual Occurrence Report
- Email correspondence between AMIkids administration and OJJ
- Acadiana Parish Sheriff's Office Complaint Card, with case number
- OJJ PREA Field Investigations Provision of Information to Facility/PREA Notification

**Interviews:**

- Through all the interviews from the on-site with the random staff selected and specialized staff, the auditor was able to confirm the agency's Policy on not having investigators who work for the agency; instead, the administration investigations are conducted by the state of Louisiana Office of Juvenile Justice (OJJ) PREA Investigative Division and all criminal investigations are conducted by the Acadia Parish Sheriff's Department.

**Explanation of determination:**

**115.371 (a-m):**

Upon the auditor's review of agency policies 6.71, 6.21, and 6.22, it was concluded that AMIkids Acadiana does NOT have the legal capability of conducting its own administrative or criminal investigations into allegations of sexual abuse or sexual harassment. The agency is required per agency policies and per the executed contract between AMIkids Acadiana and the OJJ to report allegations/incidents of sexual abuse to OJJ and Acadia Parish Sheriff's Office (APSO) to initiate a criminal investigation, as well as report any sexual harassment allegations/incidents to OJJ for the state agency to conduct an administrative investigation. Policy 6.71 declares that AMIkids Acadiana will fully cooperate with the investigating agencies during the course of an investigation, and the agency will remain informed about the progress of the investigation that is conducted by an outside entity, with documenting its efforts on progress notes.

For further proof that the administrative investigations are conducted by OJJ, the PC provided the auditor with a memo from the OJJ from January 20th, 2022. This letter indicates that the OJJ has staff trained as investigators who may be available or called upon to assist in investigating PREA-related incidents at AMIkids- Acadiana. On January 19, 2022, there were three (3) Probation and Parole staff members that received a two-day training session conducted by the Investigative Services Division. Collectively, there are now twenty-three (23) Probation and Parole staff members that are trained to investigate PREA allegations. These staff have received the following training, which is in compliance with juvenile PREA standard, 115.334:

- Sexual Relations in Prison
- Preponderance of Evidence
- Civil Liability
- Introduction to PREA Standards Dynamics of Sexual Abuse
- Interviewing Youth
- Agency Culture
- Boundary Violations
- Grooming

- Trauma Issues
- First Response/Evidence Collection Process of Rape Investigations
- Protocol of Conducting Investigations Follow Up Responsibilities of Investigations Report Writing
- Sexual Harassment
- Credibility Assessment
- Louisiana State Statues (Sexual Offenses)

The auditor was also provided PREA Notification reports that were completed by PREA investigators with OJJ. These reports confirmed that the PREA investigators for OJJ conducted at least two PREA investigations in the facility in the past 30 months. In addition, for the one sexual abuse allegation, the PC provided the auditor with a case number card from the APSD, which proved that the allegation was immediately reported to the law enforcement agency with criminal jurisdiction over any crime that occurs in the facility.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><u>115.372</u></p> <p data-bbox="242 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 1005 409" style="list-style-type: none"> <li>- Facility Policy 6.72 (Evidentiary Standard for Administrative Investigations)</li> </ul> <p data-bbox="242 441 363 468"><b>Interviews:</b></p> <ul data-bbox="242 497 1461 624" style="list-style-type: none"> <li>- Through all the interviews from the on-site with the random staff selected and specialized staff, the auditor was able to confirm the agency's Policy on not having investigators who work for the agency; instead, the administration investigations are conducted by the state of Louisiana Office of Juvenile Justice (OJJ) PREA Investigative Division and all criminal investigations are conducted by the Acadia Parish Sheriff's Department.</li> </ul> <p data-bbox="242 656 563 683"><b>Explanation of determination:</b></p> <p data-bbox="242 712 368 739"><b>115.372 (a):</b></p> <p data-bbox="242 770 1476 1032">As noted in the last subsection of this report (115.371), AMIkids Acadiana does NOT have the legal capability of conducting its own administrative or criminal investigations into allegations of sexual abuse or sexual harassment. The agency is required per agency policies and per the executed contract between AMIkids Acadiana and the OJJ to report allegations/incidents of sexual abuse to OJJ and Acadia Parish Sheriff's Office (APSO) to initiate a criminal investigation, as well as report any sexual harassment allegations/incidents to OJJ for the state agency to conduct an administrative investigation. Furthermore, per agency Policy 6.72, AMIkids Acadiana imposes a standard no higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, which is based on the investigating agency's disposition of the case.</p> <p data-bbox="242 1064 1489 1256">Additionally, the PC provided the auditor with a memo from the OJJ from January 20th, 2022. This letter indicates that the OJJ has staff trained as investigators who may be available or called upon to assist in investigating PREA-related incidents at AMIkids- Acadiana. On January 19, 2022, there were three (3) Probation and Parole staff members that received a two-day training session conducted by the Investigative Services Division. Collectively, there are now twenty-three (23) Probation and Parole staff members that are trained to investigate PREA allegations. These staff have received the following training, which is in compliance with juvenile PREA standard, 115.334:</p> <ul data-bbox="242 1319 1212 1783" style="list-style-type: none"> <li>-Sexual Relations in Prison</li> <li><b>-Preponderance of Evidence</b></li> <li>-Civil Liability</li> <li>-Introduction to PREA Standards Dynamics of Sexual Abuse</li> <li>-Interviewing Youth</li> <li>-Agency Culture</li> <li>-Boundary Violations</li> <li>-Grooming</li> <li>-Trauma Issues</li> <li>-First Response/Evidence Collection Process of Rape Investigations</li> <li>-Protocol of Conducting Investigations Follow Up Responsibilities of Investigations Report Writing</li> <li>-Sexual Harassment</li> <li>-Credibility Assessment</li> <li>-Louisiana State Statues (Sexual Offenses)</li> </ul> <p data-bbox="242 1814 1485 1973">Lastly, the auditor reviewed two of the OJJ Field Investigations PREA Notification reports from two of the PREA related administrative investigations conducted at the facility by OJJ in the last 30 months. Each of the reports included the investigator's findings and a conclusion of how the findings were determined. Upon review of each of the reports, the auditor was able to verify that the preponderance of evidence standard was used to make the determinations of the two investigations being unsubstantiated.</p> <p data-bbox="242 2004 376 2031"><b>Conclusion:</b></p> <p data-bbox="242 2063 1481 2121"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.373**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 6.73 (Reporting to Residents)
- Resident PREA Allegation Status Notification
- State of Louisiana Office of Juvenile Justice (OJJ) / PREA Field Investigations Provision of Information to Facility/PREA Notification Form
- Sexual Abuse Incident Check Sheet
- AMIkids Acadiana Unusual Occurrence Report
- Email correspondence between AMIkids administration and OJJ
- Acadiana Parish Sheriff's Office Complaint Card, with case number

**Interviews:**

- Through interviewing the agency's PC, the auditor learned that the most recent sexual abuse allegation was reported to facility staff by a resident in February of 2021. The PC provided investigatory documents and explained in her interview how this allegation was immediately reported to APSD and the OJJ PREA Investigative Division, with an OJJ PREA investigator assigned to the investigation. The PC provided the auditor with the OJJ PREA Notification report for this allegation, which reflected a finding of unsubstantiated, and the PC expressed that since she was not working for the agency at this time, she was unaware if the resident was notified of the outcome of the investigation. However, the PC did determine that the alleged victim who made this report was released within a couple weeks from the date of the PREA Notification report being completed and provided to the agency. The PC explained that it is agency policy and practice to notify an alleged victim of the outcome of any investigation; however, the facility's form used for this notification process was not located for this particular allegation from 2021. The PC advised the auditor that when a resident is released back to OJJ during an investigation, OJJ is required to notify the alleged victim of the outcome of the investigation.
- The auditor also interviewed the agency's Director of Operation, who is the designated superintendent of the facility. The DO explained how a resident who alleges sexual abuse would be notified of the outcome of any criminal or administrative investigation, and the agency utilizes a form to ensure this notification is provided to the resident.

**Explanation of determination:**

**115.373 (a-f):**

As noted in the last subsection of this report (115.371), AMIkids Acadiana does NOT have the legal capability of conducting its own administrative or criminal investigations into allegations of sexual abuse or sexual harassment. The agency is required per agency policies and per the executed contract between AMIkids Acadiana and the OJJ to report allegations/incidents of sexual abuse to OJJ and Acadia Parish Sheriff's Office (APSO) to initiate a criminal investigation, as well as report any sexual harassment allegations/incidents to OJJ for the state agency to conduct an administrative investigation. Furthermore, per agency Policy 6.73, following an investigation into a resident's allegation of sexual abuse in the AMIkids Acadiana facility, AMIkids Acadiana shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The victim will be informed of the results of an investigation by written documentation, in which the victim will sign an acknowledgement that he was informed of the outcome of the investigation. If the victim is no longer a resident at the facility, OJJ will be responsible for the notification of the results of the investigation. If an agency other than OJJ has conducted the investigation, AMIkids will request the results or relevant information from applicable investigators in order to inform the resident while still at the AMIkids facility.

The auditor was provided the agency's *Resident PREA Allegation Status Notification* form, and upon review the auditor was able to determine that this form is an effective tool in ensuring the notification requirements of this standard are complied with in practice. The form includes the following sections to be completed by OJJ administrative staff and reviewed with the resident who alleged the sexual abuse:

- Facility where alleged abuse occurred:

- Resident name and identification number:
- Date of allegation:
- Alleged perpetrator:
- Indicating whether the disposition of the case was substantiated, unsubstantiated, or unfounded
- Indicating whether the following situations apply:
  - The employee is no longer posted within the resident's unit as a result of the findings of this investigation.
  - The employee is no longer employed at the facility as a result of this allegation.
  - The facility has learned that the alleged abuse has been indicted on a charge related to sexual abuse within the facility.
  - The facility has learned that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- Confirmation of receipt statement: "By my signature below, I confirm that I have received the required notification of the status of my allegation of sexual abuse." Resident signature: \_\_\_\_\_ / Date: \_\_\_\_\_j
- Information of staff providing the notification:
- Statement, "completed forms will be placed in the resident's case management file."

Due to the agency unable to provide the auditor with proof that the alleged victim from the February 2021 sexual abuse allegation case was notified of the outcome of the investigation before being released back to OJJ, the auditor determined the agency is not compliant with provision (a) of standard 115.373.

**Corrective Action:**

On 08.04.2022, the auditor was provided the following corrective action information and applicable proof documentation:

- Corrective Action Plan: The PC documented on an agency official memo that the AMIkids Acadiana facility has developed a policy that includes the requirements of this PREA standard, and the Policy outlines the notification requirements of this PREA standard. It was explained that during the time frame of the last alleged incident in 2021, the facility did not have a designated PREA Compliance Coordinator (PC) in place due to various reasons related to COVID-19 and limited number of staff. To avoid any issues concerning the notification requirement of this standard going forth, a training was completed with staff and administration so that any staff member or administrator is aware of this requirement.
- The auditor confirmed that the training detailed above was conducted on 07.27.2022, and includes the topics covered with staff and administrators related to the required corrective action detailed in this report. Additionally, the training form includes an acknowledgement of understanding statement, which ensures all staff signing the form agreed in writing that they received the training and fully understand the information that was presented.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No further corrective action is required.**

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.376</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Facility Policy 6.76 (Disciplinary Sanctions for Staff)</li> <li>- AMIKids Acadiana Monthly and Annual PREA Data Sheets</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.376 (a-d):</b></p> <p>The auditor was provided agency Policy 6.76, in which the auditor verified includes all the required elements of this PREA standard. The Policy indicates that staff from AMIKids Acadiana who violate agency sexual abuse or sexual harassment policies will be subject to disciplinary sanctions, up to and including termination, with termination being the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (APSO), unless the activities were not clearly criminal, and to OJJ.</p> <p>The PC indicated in the PAQ, and in her interview on-site, that the agency has not had an incident involving an allegation that a staff member, volunteer, or contractor sexually abused a resident at the facility that she is aware of. The three investigations that occurred in the facility in the past 30 months included one allegation of a resident sexually abusing another resident (unsubstantiated) and two sexual harassment allegations.</p> <p>Additionally, the auditor reviewed the agency's PREA data sheets that are required to be provided to OJJ on a monthly basis, as well as required to be published on the agency's website, and upon the auditor's review it was determined that the only PREA related allegations reported to the state since January 2021 were resident-on-resident allegations. There was one allegation of resident-on-resident sexual abuse and two allegations of resident-on-resident sexual harassment, as detailed in subsections 115.321 and 115.322 of this report. The auditor verified that the agency has not reported a staff-on-resident PREA related sexual abuse or sexual harassment allegation since at least January 2021.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.377</u></b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Facility Policy 6.77 (Corrective Action for Contractors and Volunteers)</li> <li>- AMIKids Acadiana Monthly and Annual PREA Data Sheets</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The Director Operations (DO) was interviewed during the on-site and advised that a contractor or volunteer who engages or is to have alleged to have engaged in sexual abuse or sexual harassment of a resident would be prohibited from any further contact with a resident and not allowed on the premises. Additionally, APSD and OJJ would be contacted immediately in order to initiate a criminal and administrative investigation into the allegation. The DO advised that surveillance footage would be reviewed and investigators would be able to conduct a full scale investigation into the allegation.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.377 (a-b):</b></p> <p>Policy 6.77 was uploaded in the OAS, and the auditor verified this policy includes all the required elements of this PREA standard. Per Policy 6.77, any contractor or volunteer who engages in sexual abuse be reported to law enforcement (APSO) and to relevant licensing bodies (OJJ), and any contractor or volunteer who engages in sexual abuse are prohibited from contact with residents of the facility.</p> <p>The PC indicated in the PAQ, and in her interview on-site, that the agency has not had an incident involving an allegation that a staff member, volunteer, or contractor sexually abused a resident at the facility that she is aware of. The three investigations that occurred in the facility in the past 30 months included one allegation of a resident sexually abusing another resident (unsubstantiated) and two sexual harassment allegations involving resident-on-resident allegations.</p> <p>Additionally, the auditor reviewed the agency's PREA data sheets that are required to be provided to OJJ on a monthly basis, as well as required to be published on the agency's website, and upon the auditor's review it was determined that the only PREA related allegations reported to the state since January 2021 were resident-on-resident allegations. There was one allegation of resident-on-resident sexual abuse and two allegations of resident-on-resident sexual harassment, as detailed in subsections 115.321 and 115.322 of this report. The auditor verified that the agency has not reported a volunteer/contractor-on-resident PREA related sexual abuse or sexual harassment allegation since at least January 2021.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>115.378</b></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Facility Policy 6.78 (Disciplinary Sanctions for Residents)</li> <li>- MOU between AMIkids Acadiana and Hearts of Hope</li> <li>- Executed Contract between OJJ and AMIkids Acadiana</li> <li>- Memo from a Walk In Clinic in Crowley, LA</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>- The auditor interviewed one of the agency's master level counselors and fulltime medical professional during the on-site, and both professionals verified that Hearts of Hope (HOH) is responsible for conducting the forensic exam for any resident who is a victim of sexual abuse and provide advocacy services, as well as emotional support services as needed for any resident in the facility. HOH organization is required, per the two practitioners interviewed, to work collaboratively with law enforcement and AMIkids to ensure a survivor of sexual abuse would be provided all the PREA required services and follow-up care. They also advised how the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Whether to offer these services is not reliant on the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives and access to general programming or education is not conditional on participation in such interventions.</li> <li>- The auditor also interviewed the agency's Director of Operations (DO), and he verified the agency's policy and practice related to the interventions and disciplinary sanctions available for residents who are found to have engaged in sexual abuse or sexual harassment. The DO explained that isolation in the form of segregated or protective confinement is not possible at the facility due to the dorm style housing units. He further elaborated how if a resident is found to have engaged in sexual abuse, this resident would be immediately discharged from the program and no disciplinary action would be necessary. The DO advised that all sexual activity is strictly prohibited in the facility, and the agency adheres to a complete zero tolerance of any such activity.</li> <li>- The agency's PC was interviewed during the on-site and confirmed that if a resident is found to have engaged in sexual abuse, no disciplinary action would be necessary because the juvenile would be immediately discharged out of the program and transported to an OJJ state operated facility. However, the PC explained how agency Policy includes the requirements of standard 115.378 as a precautionary measure- in case a perpetrator is not immediately discharged from the program. This would ensure maximum protection of the residents in the program, as well as provide the mandatory requirements for disciplining a resident perpetrator of sexual abuse. The PC advised that all sexual activity in the facility is strictly prohibited.</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.378 (a-g):</b></p> <p>The auditor verified that agency Policy 6.78 includes all the required elements of this PREA standard, as explained below:</p> <p><b>(a):</b></p> <p>Per Policy 6.78, AMIkids Acadiana will subject resident who are found guilty of engaging in resident-on-resident sexual abuse, either through an administrative investigation by OJJ or a criminal investigation by APSO, to disciplinary sanctions pursuant to the guidelines set forth by PREA standard 115.378.</p> <p><b>(b):</b></p> <p>Per Policy 6.78, the level and type of sanction imposed shall be established through the requirements of this PREA provision, and AMIkids does NOT use isolation as a disciplinary sanction. The facility is not constructed in such a way to isolate a resident in a secure room, away from others. The facility operates in an open, dorm style setting, and confinement protective and disciplinary isolations are not used.</p> <p><b>(c):</b></p>

Policy 6.78 includes the requirement of considering whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

**(d):**

Per Policy 6.78 and the agency's MOU with Hearts of Hope, the facility will refer residents to Hearts of Hope for therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Furthermore, the PC indicated in the PAQ that the facility employs two (2) Master Level Counselors and one (1) LPC, as well as can make referrals to the local sexual abuse crisis center for counseling on an as needed basis. Per Policy 6.78, residents will not be denied access to general programming or education for refusing to participate in such interventions.

The auditor was provided a memo from a local walk in clinic, and this memo states that this clinic is able to provide emergency evaluation and treatment for juvenile attendees of AMIkids Acadiana. This clinic is operated by American Board Certified doctors who specialize in pediatrics, adolescent medicine, and family medicine.

**(e):**

Per Policy 6.78, the facility only has the option to discipline residents for sexual contact with staff upon finding that the staff member did not consent to such contact.

**(f):**

Per Policy 6.78, AMIkids is prohibited from considering a resident report of sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred to constitute false reporting or lying.

**(g):**

Per Policy 6.78, the facility prohibits all sexual activity between residents, and the facility will deem such activity to constitute sexual abuse only if it determines that the activity is coerced. Furthermore, the PC indicated in the OAS that all sexual activity is prohibited while a youth is in the custody of OJJ, with OJJ contracting for the confinement of this state agency's residents with AMIkids Acadiana.

Lastly, the PC explained in the PAQ and in her interview on-site that the agency has not had a situation that she is aware of in which a resident had to be disciplined for engaging in alleged sexual abuse in the facility. The most recent sexual abuse allegation that was reported in February 2021 did not involve any disciplinary measures, and the OJJ PREA investigative found the allegation to be unsubstantiated.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><u><b>115.381</b></u></p> <p data-bbox="242 327 941 353"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 1401 640" style="list-style-type: none"> <li>- Facility Policy 6.81 (Medical &amp; Mental Health Screening: History of Sexual Abuse)</li> <li>- Professional Letter from Licensed Clinical Social Worker x2 (dated 1.15.2021 &amp; 1.30.2020)</li> <li>- Pediatrics/Adolescent Medicine/Family Medicine/American Board Certified Walk-in Clinic Memo (dated 8.11.2021)</li> <li>- MOU between AMIkids Acadiana and Hearts of Hope</li> <li>- Declaration of Practice &amp; Procedure document from contracted MSW, LCSW.</li> </ul> <p data-bbox="242 672 363 698"><b>Interviews:</b></p> <ul data-bbox="242 728 1489 2074" style="list-style-type: none"> <li>- The auditor interviewed and reviewed resident files with the PC, and during this file review, there was one risk assessment form that indicated the child had previously been involved in prior sexual perpetration. The resident was new to the facility, with being admitted only five (5) days before the on-site. The PC advised the auditor that there was a plan in place to ensure the child received a follow-up, in-person meeting with a mental health professional within 7 days of the child being admitted into the facility. This follow-up not only includes the meeting with one of the agency's fulltime MHP's, but also an off-site meeting with the agency's contracted MHP. This off-site MHP, as verified by the auditor, is a master level social worker and registered Licensed Clinical Social Worker. The license is through the Louisiana State Board of Social Work Examiners. The PC also explained how all residents admitted into the facility meet with one of the master's level counselors within 14 days of being admitted, and the two fulltime MHP's share a caseload that includes all the residents in the facility. The MHP's are required to meet with the residents on their caseload at least once per week, and often times they meet more often on an as needed basis. The PC and the other master's level counselor is provided each resident's risk screening form (VSAB), as well as all other relevant documents that help to ensure the counseling unit has all the pertinent information to keep residents safe while in the program.</li> <li>- The auditor interviewed the facility's intake officer (case manager), who conducts the admission process for the majority of residents being admitted into the facility, and she described the process of conducting the department's screening form titled, Screening for Vulnerability to Victimization &amp; Sexually Aggressive Behavior (VSAB). The VSAB was explained to be conducted in a confidential setting, in her office in the administration building, and completed with the newly admitted resident within two to three hours after the youth first arrives at the facility. The case manager provided details of the types of questions asked pursuant to the VSAB, which included screening questions for sexual victimization and abusiveness, gang affiliation, physical build of the juvenile, prior charges, if first time in a placement facility, and the juvenile's own perception of safety. Additionally, she described how the information is ascertained through conversations and a packet of information provided by the OJJ (the contracting state agency who transfers the juveniles to AMIkids Acadiana). The case manager also explained how the VSABs and other confidential forms are secured in the PC's office, which the auditor verified while on-site is double locked (filing cabinet has a padlock &amp; the office door locks). She confirmed that Direct Care Staff do not have keys to open the PC's office or to unlock the secure filing cabinet. The case manager also described how the information ascertained from the VSAB is used when completing the agency's Classification for Appropriate Placement form. This placement form is a type of housing form, which takes the information learned during the intake process to determine the safest and most appropriate dorm, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. She confirmed that a youth who is deemed, during the intake process, as at risk of being a victim or perpetrator of sexual abuse while in the facility would be staffed by administration (including the counseling team) to ensure the safest living situation is possible for all residents in the program, as well as to reduce the risk of sexual abuse and sexual harassment. The case manager also discussed how any screening result that indicates a resident has either experienced prior sexual victimization and/or previously perpetrated sexual abuse would trigger an immediate referral to the agency's mental health unit, the completion of the agency's Unusual Occurrence Form, and a referral to Hearts of Hope (if applicable).</li> <li>-The auditor interviewed ten (10) randomly selected residents, plus one targeted resident, for a total of eleven (11) residents interviewed. The residents interviewed expressed to the auditor how they were asked questions related to what is on the agency's risk screening form (VSAB), and all the residents advised the auditor that they have never been a victim of sexual abuse.</li> </ul> <p data-bbox="242 2105 563 2132"><b>Explanation of determination:</b></p>

**115.381 (a-d):**

Agency Policy 6.81 includes all the requirements of this PREA standard, as verified by the auditor. In addition, the PC uploaded in the OAS two professional letters from one of the contracted MHP's for the facility (one for calendar year 2020 and one for 2021), in which the letter explains the MHP's professional relationship with AMIkids Acadiana. The letter verifies that this particular licensed clinical social worker has been providing individual psychotherapy services to young men who are referred to the MHP by the facility since 2020. The letter explains that this MHP provides residents with a secure setting where they are able to speak freely about any trauma they may have experienced in their lives, and this person is a mandatory reporter who is required to notify the appropriate authorities should a resident of AMIkids Acadiana ever make an allegation of any type of abuse taking place at the facility. In addition, the PC uploaded a walk-in clinic memo that explains that this particular clinic is able to provide emergency evaluation and treatment for juvenile attendees of AMIkids Acadiana. Lastly, the agency provided the auditor with a MOU between AMIkids Acadiana and Hearts of Hope, which outlines Hearts of Hopes' responsibility to collaborate with law enforcement, the crime lab, SANE nurses, advocates, caseworkers, therapists, and other necessary parties to victims who report sexual violence. Such requests for service can be made 24 hours a day, 7 days a week to the crisis line listed in the MOU. This MOU explicitly details that Hearts of Hope is required to provide advocacy and counseling services to AMIkids participants who report sexual abuse, sexual assault, and physical abuse.

Policy 6.81 also outlines that medical and mental health staff are required to maintain a form documenting compliance with this PREA standard, and an example of how this mental health follow-up was documented for one resident was provided to the auditor- Declaration of Practice & Procedure completed by one of the contracted MHP's. This form lists the qualifications of the MHP providing the follow-up, counseling relationship, areas of expertise, fee scale, services offered and clients serviced, code of conduct, confidentiality, emergency situations, client responsibilities, physical health, potential counseling risks, therapeutic relationship, office expectations, parent/guardian expectations, substance use policy, privileged communication, a patient information section, authorization to release information, and a client certification statement (includes the client and therapist signatures and date completed).

Policy 6.81 also includes procedures related to ensuring all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and shall be kept in medical and mental health files, and all referrals for counseling for victimization and or perpetrator of sexual abuse will be followed up by the Director of Treatment for proper care and/or services.

- The PC provided the auditor with an example of how the agency complies with this standard in practice, with uploading proof documentation in the OAS that demonstrates how a previous resident was provided a follow-up meeting with a MHP off-site with the contracted licensed social worker. The documents proved that a resident that alleged prior sexual victimization was provided a follow-up meeting with a MHP.

During the on-site phase of the audit, the auditor randomly selected six (6) resident files in order to assess the agency's compliance with this standard in practice, and out of the 6 files reviewed, one of the resident's VSAB indicated the youth had engaged in some type of sexual abuse as a perpetrator, with no other file indicating past sexual abusiveness or victimization. The resident whose VSAB indicated him as a perpetrator of sexual abuse had just been admitted into the facility a few days before the on-site began, and the auditor verified that this child's VSAB was conducted by the PC on the day of his admission into the facility. The PC is a master's level counselor for the agency, as verified by the auditor, and the fact that the PC conducted the risk assessment and met with the resident during the intake process, this action satisfies the follow-up requirement of standard 115.381 (b). Furthermore, the PC advised the auditor while on-site, as well as through follow-up emails after the on-site, that for this particular resident, and any admitted resident with a history of sexual abuse as the perpetrator, OJJ requires resident participation in the Sex Offender Counseling Program. The PC explained after the on-site that the resident has already been referred to this Sex Offender Program and began his first session a week after the auditor was on-site.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 328 300"><u><b>115.382</b></u></p> <p data-bbox="244 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="244 383 1252 584" style="list-style-type: none"> <li>- Facility Policy 6.82 (Access to Emergency Medical and Mental Health Services)</li> <li>- Facility Policy 6.21 (Evidence &amp; Forensic Medical Examinations)</li> <li>- Facility Policy 6.83 (Ongoing Medical and Mental Health Care for Sexual Abuse Victims &amp; Abusers)</li> <li>- MOU between AMIkids Acadiana &amp; Hearts of Hope</li> </ul> <p data-bbox="244 611 363 640"><b>Interviews:</b></p> <ul data-bbox="244 667 1492 1760" style="list-style-type: none"> <li>- The auditor interviewed the two fulltime master's level counselors during the on-site, as well as the agency's fulltime nurse, and all three professionals advised that all residents have access to both medical and mental health care while in the facility. In regards to a victim of sexual abuse, such a resident would receive timely, unimpeded access to emergency medical treatment and crisis intervention services, with the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Additionally, all three professionals explained how they have received the same first responder training as the security staff receive and were knowledgeable in how to ensure the preliminary steps are taken in response to a sexual abuse incident or allegation. The nurse and two MHP's also advised that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Lastly, they each explained in their individual interviews how all resident treatment services are provided to the all residents in the program without financial cost to the resident or the resident's family.</li> <li>- The auditor interviewed twelve (12) randomly selected staff, which included teachers, who provide direct supervision during educational times, and Direct Care Staff (DCS), while on-site. The sample size included staff from all shifts, including from the morning, afternoon, and overnight shifts. There were four (4) teachers and one (1) DCS interviewed who work the morning shift, three (3) DCS from the afternoon shift, one (1) DSC Supervisor from the afternoon shift, and three (3) DCS from the overnight shift. Each staff interviewed sufficiently explained their responsibilities as a first responder to an incident of sexual abuse of a resident. All the staff members who provide direct supervision of residents in the facility, including teachers and DCS, are trained in how to be a first responder and are considered first responders. All 12 staff were knowledgeable of the most important first step of separating the alleged victim from the perpetrator, and they all understood the process of ensuring the victim is safe and advised not to shower, change clothing, use the restroom, or do anything that could possible destroy usable physical evidence. The staff sufficiently articulated the remaining first responder protocols of immediately contacting a supervisor, law enforcement, OJJ, and DCFS; preserving and protecting the scene so criminal investigators are able to effectively collect the evidence; to advise the perpetrator to also not take any action that could destroy physical evidence; provide a written and verbal statement to investigators and administrators; document the incident on an incident reporting form; contact medical and mental health professionals as needed; and the requirement of contacting Hearts of Hope for forensic services and advocacy. The staff interviewed all expressed how they have never had to respond to a sexual abuse incident, but all felt confident in their ability to respond and provide first responder services to a victim of sexual abuse. The staff also explained how all residents are provided timely medical and mental health care, and victims of sexual abuse while in the facility would also be offered timely information, from a medical professional, about sexually transmitted infections, with any treatment services being provided at no cost to the victim or victim's family. After interviewing the 12 randomly selected staff, the auditor determined that all the staff are adequately trained on how to effectively respond to an incident of resident sexual abuse that occurs in the facility.</li> </ul> <p data-bbox="244 1787 563 1816"><b>Explanation of determination:</b></p> <p data-bbox="244 1843 387 1872"><b>115.382 (a-d):</b></p> <p data-bbox="244 1899 1492 2134">Upon reviewing Policy 6.82, the auditor was able to verify that AMIkids Acadiana is required to provide treatment services to every resident survivor of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of of the incident. Furthermore, Policy 6.21 includes procedures requiring the agency to offer all residents who experience sexual abuse access to forensic medical examinations, free of charge, and the exams are to be performed by a Sexual Assault Nurse Examiner (SANE) if possible, or by a qualified medical practitioner. This policy also outlines the requirement for the agency to make available a victim advocate from Hearts of Hope rape crisis center to accompany the survivor through examinations and investigatory interviews. The PC indicated in the PAQ that after</p>

a resident survivor of sexual abuse has been provided timely, unimpeded access to emergency medical treatment and crisis interventions services, the facility's master's level counselor would then assess the resident to determine the most appropriate and beneficial individualized treatment plan. This information would be documented on a meeting log or in counseling notes. Furthermore, Policy 6.83 also includes procedures relevant to the requirements of this PREA standard, to include: offering medical and mental health evaluations and treatment to all residents who have been victimized, offering victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate, and offering mental health evaluations and treatment of all known resident-on-resident abusers within 60 days of learning of such abuse history.

In addition to the three policies listed above, the agency also provided the auditor with an executed MOU between AMIkids Acadiana and Hearts of Hope. This agreement indicates that Hearts of Hope is responsible for ensuring a collaborative response by law enforcement, the crime lab, SANE nurses, advocates, caseworkers, therapists, and other necessary parties to victims who report sexual violence. The request can be made 24 hours a day, 7 days a week to a rape crisis line with Hearts of Hope. In addition, the MOU indicates that emergency room advocates and SANE services are available at any Lafayette parish hospital.

The PC indicated in the PAQ that the medical staff involved with providing medical services to a victim of sexual abuse would meet with the resident to assess the needs for further treatment and discuss the information associated with emergency contraception and sexually transmitted infection prophylaxis.

Lastly, the PC noted in the PAQ that the facility has not had to practice the procedures associated with the requirements of the PREA standard due to zero reports or known incidents of a resident being sexually abused in the facility in the past 12 months. However, the PC was provided the response and subsequent investigative documents for the last sexual abuse allegation that was reported in February 2021, in which the auditor was able to determine that the facility responded to the allegation in accordance with the requirements of this PREA standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.383**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 6.82 (Access to Emergency Medical and Mental Health Services)
- Facility Policy 6.21 (Evidence & Forensic Medical Examinations)
- Facility Policy 6.83 (Ongoing Medical and Mental Health Care for Sexual Abuse Victims & Abusers)
- MOU between AMIkids Acadiana & Hearts of Hope
- Memo from the off-site master's level social worker/counselor
- Memo from a Walk In Clinic in Crowley, LA

**Interviews:**

- The auditor interviewed the two fulltime master's level counselors during the on-site, as well as the agency's fulltime nurse, and all three professionals advised in their individual interviews that all residents have access to both medical and mental health care while in the facility. In addition, AMIkids Acadiana also provides medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse, regardless of where the abuse occurred. The evaluation and treatment of such victims includes, 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. Examples of how such services are provided to all residents in the facility, as well as would be provided to a victim of sexual abuse, included: to refer a resident to not only one of the fulltime master level counselors in the facility but also to refer to the contracted off-site master level social worker. All the professionals interviewed advised that the level of care provided to each resident is at or above the community level of care available in the area, and all services provided are at not cost to a victim of sexual abuse or their family. Lastly, all the residents housed at AMIkids Acadiana are male residents, and the professionals interviewed also confirmed this during their individual interviews.

- The PC confirmed while the auditor was on-site that the contracted off-site MHP specializes in providing mental health treatment and service to juvenile perpetrators of sexual abuse, and all known residents who have engaged in perpetrating any type of sexual abuse would be referred to this off-site counselor, as well as provided follow-up mental health sessions from the on-site MHP's.

**Site Review Observations:**

- During the on-site, the auditor observed both the agency's fulltime medical professional and the two master's level counselors walking around the facility complex, which demonstrated to the auditor that both a licensed MHP and medical staff are available to all residents. The auditor also confirmed while on-site that the facility only houses male residents.

**Explanation of determination:**

**115.383 (a-h):**

Upon reviewing Policy 6.82, the auditor was able to verify that AMIkids Acadiana is required to provide treatment services to every resident survivor of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Furthermore, Policy 6.21 includes procedures requiring the agency to offer all residents who experience sexual abuse access to forensic medical examinations, free of charge, and the exams are to be performed by a Sexual Assault Nurse Examiner (SANE) if possible, or by a qualified medical practitioner.

This policy also outlines the requirement for the agency to make available a victim advocate from Hearts of Hope rape crisis center to accompany the survivor through examinations and investigatory interviews. The PC indicated in the PAQ that after a resident survivor of sexual abuse has been provided timely, unimpeded access to emergency medical treatment and crisis interventions services, the facility's master's level counselor would then assess the resident to determine the most appropriate and beneficial individualized treatment plan. This information would be documented on a meeting log or in counseling notes. Furthermore, Policy 6.83 also includes procedures relevant to the requirements of this PREA standard, to include: offering medical and mental health evaluations and treatment to all residents who have been victimized, offering victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate, and offering mental health evaluations and treatment of all known resident-on-resident abusers within 60 days of learning of such abuse history.

In addition to the three policies listed above, the agency also provided the auditor with an executed MOU between AMIkids Acadiana and Hearts of Hope. This agreement indicates that Hearts of Hope is responsible for ensuring a collaborative response by law enforcement, the crime lab, SANE nurses, advocates, caseworkers, therapists, and other necessary parties to victims who report sexual violence. The request can be made 24 hours a day, 7 days a week to a rape crisis line with Hearts of Hope. In addition, the MOU indicates that emergency room advocates and SANE services are available at any Lafayette parish hospital.

The PC indicated in the PAQ that the medical staff involved with providing medical services to a victim of sexual abuse would meet with the resident to assess the needs for further treatment and discuss the information associated with emergency contraception and sexually transmitted infection prophylaxis.

The auditor reviewed the Declaration of Practice and Procedure Memo from the off-site MHP, and upon review the auditor was able to sufficiently determine that this MHP provides appropriate follow-up services and treatment for a victim and perpetrator of sexual abuse, with the level of care being described in the Memo as at or above the community level of care in the area.

The auditor was provided a memo from a local walk in clinic, and this memo states that this clinic is able to provide emergency evaluation and treatment for juvenile attendees of AMIkids Acadiana. This clinic is operated by American Board Certified doctors who specialize in pediatrics, adolescent medicine, and family medicine.

Lastly, the PC noted in the PAQ that the facility has not had to practice the procedures associated with the requirements of the PREA standard due to zero reports or known incidents of a resident being sexually abused in the facility in the past 12 months. However, the auditor determined the agency sufficiently demonstrated how a situation of sexual abuse in the facility would be managed pursuant to the requirements of this PREA standard.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.386**

**The following is a list of evidence used to determine compliance:**

- Facility Policy 6.86 (Sexual Abuse Incident Reviews)
- Sexual Abuse Incident Review Report Form

**Interviews:**

- The auditor interviewed the agency's Director of Operations/DO, who is considered as the agency's superintendent, and he explained the requirement of the agency to conduct an incident review for any sexual abuse allegation reported in the facility. The DO advised that the incident review team would include the PC, the DO, and other administrators, supervisors, and medical staff as needed to ensure a fully comprehensive review of the incident. He also confirmed that the review team is required to meet within 30 days of the conclusion of any investigation into sexual abuse, and the team would consider all the required elements of standard 115.386 (d) (1-6). Lastly, the DO advised that the agency would implement any recommendations the team makes and this would be documented on the agency's Sexual Abuse Incident Review Report.
- The PC also verified the information the DO provided above through discussions on-site and emails sent throughout the audit process, and she also provided the auditor with copy of the form used to conduct a sexual abuse incident review, titled: "Sexual Abuse Incident Review Report." However, it should be noted that the last sexual abuse allegation that was reported in February 2021 resulted in the OJJ PREA investigator to conclude the allegation as unsubstantiated; therefore, requiring the agency to conduct an incident review as required by standard 115.386. The PC explained that the agency did not conduct a formal incident review and did not utilize the agency's Sexual Abuse Incident Review Reporting form at the conclusion of this investigation. Although, the PC did advise that the agency followed-up after the conclusion of the investigation with agency's leadership to assess the outcome of the investigation (and emails could be provided to demonstrate the communication of the follow-up), the agency did not conduct the formal sexual abuse incident review as required by agency's Policy 6.86.

**Explanation of determination:**

**115.386 (a-e):**

Upon the auditor reviewing Policy 6.86, it was determined that AMIkids Acadiana has successfully implemented the requirements associated with this PREA standard. In addition, the agency provided the auditor with their Sexual Abuse Incident Review Form, which demonstrates how facility leadership (members of the Sexual Abuse Incident Review Team) conduct the review within thirty (30) days from the conclusion of the sexual abuse investigation. The form includes the following sections for the team members to assess and provide a response to:

- Facility Name
- Resident Name and Identifying Number
- Date of Allegation
- Alleged Perpetrator
- Substantiated or Unsubstantiated
- Whether the review team determined if a change to policy is needed.
- Whether the review team considered the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- An examination of the area in the facility where the incident allegedly occurred.
- An assessment of the staffing levels in the area during the different shifts.
- An assessment of whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Employee Name, Signature, and Date

Per Policy 6.86, the Director of Operations is the staff member required to prepare this Sexual Abuse Incident Review Form, which is then required to be submitted to the Executive Director and PC.

Even though the agency Policy 6.86 includes all the requirements of this PREA standard, and the agency provided the auditor with their form used to document the incident review process, the auditor ultimately determined that the agency is not

compliant in practice due to the fact an incident review was not formally conducted for the last allegation/investigation of sexual abuse in the facility.

**Corrective Action:**

On 08.04.2022, the auditor was provided the following corrective action information and applicable proof documentation:

- Corrective Action Plan: The PC documented on an agency official memo that the AMKids Acadiana facility has developed a policy that includes the requirements of this PREA standard, and the Policy outlines the facility/staff response after any reported allegation of abuse. It was explained that during the time frame of the last alleged incident in 2021, the facility did not have a designated PREA Compliance Coordinator (PC) in place due to various reasons related to COVID-19 and limited number of staff. To avoid any issues concerning the requirements of completing a sexual abuse incident review going forth, a training was completed with staff and administration so that all employees are aware of the requirements of this standard.
- The auditor confirmed that the training detailed above was conducted on 07.27.2022, and includes the topics covered with staff and administrators related to the required corrective action detailed in this report. Additionally, the training form includes an acknowledgement of understanding statement, which ensures all staff signing the form agreed in writing that they received the training and fully understand the information that was presented.

**Conclusion:**

**Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No further corrective action is required.**

115.387	<b>Data collection</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 300"><u>115.387</u></p> <p data-bbox="242 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="242 383 1015 584" style="list-style-type: none"> <li>- Facility Policy 3.87 (Data Collection)</li> <li>- PREA Monthly Facility Reports</li> <li>- PREA Annual Numbers Report</li> <li>- Survey of Sexual Victimization (SSV-6) Report for calendar year 2021 data.</li> </ul> <p data-bbox="242 611 563 640"><b>Explanation of determination:</b></p> <p data-bbox="242 667 384 696"><b>115.387 (a-f):</b></p> <p data-bbox="242 723 1398 790">Per agency Policy 3.87, AMIkids Acadiana is required to collect all reports of allegations of sexual abuse and sexual harassment through the following methods:</p> <ul data-bbox="284 840 1102 1104" style="list-style-type: none"> <li>• Documented report of the incident of abuse and or harassment.</li> <li>• The reports will be collected and put on a monthly spreadsheet then reported to the Louisiana OJJ PREA Coordinator whom monitors or Agency.</li> <li>• All reports will be combined based on categories or incidents and documented on the yearly data collections form and submitted to Louisiana OJJ PREA Coordinator by June 30.</li> <li>• This annual data collected will be made public for all to view on the Agency website.</li> </ul> <p data-bbox="242 1131 1031 1160">The PC uploaded the following documents in the OAS for the auditor to review:</p> <ul data-bbox="284 1209 1493 1308" style="list-style-type: none"> <li>• PREA Monthly Reports (data collected of sexual abuse and sexual harassment allegations)</li> <li>• PREA Annual Facility Numbers Report (an aggregate of the incident-based sexual abuse and sexual harassment data)</li> <li>• 2021 SSV-6 Report (completed annual by the facility)</li> </ul> <p data-bbox="242 1335 1485 1496">Upon the auditor's review of each document provided, the auditor was able to determine the agency complies with all the data collection requirements pursuant to this PREA standard. The PREA incident based data is aggregated monthly and annually for OJJ, and the information included on the data sheets includes, 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, as verified by the auditor.</p> <p data-bbox="242 1523 1469 1621">Note: The agency does not contract with any private facilities for the confinement of its residents, as verified by the auditor during the on-site and upon reviewing the agency's contract with the state of Louisiana OJJ. AMIkids Acadiana is a private facility in which houses residents transferred from the state operated OJJ.</p> <p data-bbox="242 1648 376 1677"><b>Conclusion:</b></p> <p data-bbox="242 1704 1481 1771"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 300"><b><u>115.388</u></b></p> <p data-bbox="240 327 941 356"><b>The following is a list of evidence used to determine compliance:</b></p> <ul data-bbox="240 383 981 470" style="list-style-type: none"> <li>- Facility Policy 6.76 (Data Review for Corrective Action)</li> <li>- AMKids Acadiana PREA 2021 Annual Report (conducted on 5/13/2022)</li> </ul> <p data-bbox="240 499 363 528"><b>Interviews:</b></p> <p data-bbox="240 555 1485 685">The PC, who was the designated agency head during the on-site, explained that an annual review and report was completed in May of 2022; however, proof of past annual reviews were not made available to the auditor, and the agency's website does not include any such reports. The most recent report is awaiting the Executive Director's signature, and then it will be posted on the agency's website.</p> <p data-bbox="240 712 563 741"><b>Explanation of determination:</b></p> <p data-bbox="240 770 389 799"><b>115.388 (a-d):</b></p> <p data-bbox="240 826 1485 1124">The auditor was provided the agency's most recent annual review that includes all the requirements of this PREA standard, including a comparison of all PREA related data for calendar years 2020 and 2021 and an assessment in how to improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. The review was approved by the PC and acting Executive Director (ED); however, since the acting ED does not office on-site, the PC explained the report has yet to be signed. After the report is signed by the ED, the PC advised she will send the report to the agency's IT Department to be uploaded on the agency's website, under the PREA tab. The auditor also reviewed the agency's website to determine if any annual reports related to this standard have been posted, and it was determined that the agency has not posted any annual PREA reports related to the requirements of this PREA standard. Therefore, the agency was found to not be in compliance with provision (c) of this standard.</p> <p data-bbox="240 1151 1469 1216">NOTE: The acting ED is currently the regional ED, and an ED for the facility has yet to be hired. During the on-site, the PC acted as the agency head and answered all the corresponding agency head questions while the auditor was on-site.</p> <p data-bbox="240 1243 440 1272"><b><u>Corrective Action:</u></b></p> <p data-bbox="240 1299 1442 1328">On 08.04.2022, the auditor was provided the following corrective action information and applicable proof documentation:</p> <ul data-bbox="284 1379 1469 1444" style="list-style-type: none"> <li>• The agency's Annual Report was signed by the Executive Director and uploaded to the agency's website, as verified by the auditor on 08.05.2022.</li> </ul> <p data-bbox="240 1471 376 1500"><b>Conclusion:</b></p> <p data-bbox="240 1527 1481 1592"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No further corrective action is required.</b></p>

115.389	<p><b>Data storage, publication, and destruction</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><u>115.389</u></p> <p><b>The following is a list of evidence used to determine compliance:</b></p> <ul style="list-style-type: none"> <li>- Facility Policy 6.76 (Data Review for Corrective Action)</li> </ul> <p><b>Explanation of determination:</b></p> <p><b>115.389 (a-d):</b></p> <p>The agency interviewed the agency's PC, and she explained, as well as demonstrated in-person, how the data collected pursuant to standard 115.387 is securely retained in her office, in a locked filing cabinet. The auditor observed this locked filing cabinet during the facility inspection, in which the PC allowed the auditor in her office to view the secure files. The auditor verified that the filing cabinet was locked, and the PC advised at this time that the agency is required by state law to have two layers of security for any confidential files, in which they have the lock pad lock system over the filing cabinet, a lock on the filing cabinet, and a lock on the PC's office door. The PC also explained how the agency does not have direct control over any other facility, and the only data that is collected is the PREA related data from the AMIkids Acadiana facility. The PC indicated that all personal identifiers are removed from any PREA related information or document that is made public via the agency's website, as verified by the auditor. The PC also expressed that PREA related data is maintained for a minimum of ten (10) years unless otherwise required by state or federal law. The PC indicated in the PAQ that all PREA related data is collected in a office file then has to be destroyed based on Licensure requirement with Louisiana Department of Health &amp; Hospitals.</p> <p>The auditor was also provided agency Policy 6.76, which outlines the requirements of this PREA standard, as well as for standard 115.387.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>
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115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 232"><b>Auditor Discussion</b></p> <p data-bbox="244 271 328 295"><u>115.401</u></p> <p data-bbox="244 327 563 351"><b>Explanation of determination:</b></p> <p data-bbox="244 383 389 407"><b>115.401 (a-n):</b></p> <p data-bbox="244 441 1453 501">The auditor verified that the agency's last PREA audit was completed in 2019, which falls within the time frame of the 2nd audit cycle. This current audit will fall within the 3rd audit cycle.</p> <p data-bbox="244 533 1490 826">Additionally, the auditor was provided access during the on-site to all areas of the facility's complex, including to each of the three housing areas (dorms), to the administration building, to the cafeteria, and to the education building. The PC provided the auditor with copies of all relevant documents requested, as well as provided the auditor answers to all his questions throughout the entirety of the audit process, including through emails and in-person during the on-site. The auditor was not mailed any correspondence from either residents or staff during the audit process, and the auditor was able conduct private interviews with staff and residents without any issues. Lastly, the auditor was able to observe how residents are able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with their legal counsel, which is either through the United States Postal Service directly or by placing a letter in the locked grievance boxes that are located in each housing unit.</p> <p data-bbox="244 857 376 882"><b>Conclusion:</b></p> <p data-bbox="244 913 1482 974"><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>115.403</u></b></p> <p><b>Explanation of determination:</b></p> <p><b>115.403 (a-f):</b></p> <p>The auditor confirmed that the agency's last Final PREA Audit Report is available on the agency's website, at: <a href="http://www.amikids.org/programs-and-services/programs/amikids-acadiana/prea">http://www.amikids.org/programs-and-services/programs/amikids-acadiana/prea</a>.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency meets all elements of this standard. No corrective action is required.</b></p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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".)	na

115.313 (a)	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	no

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches?	no
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</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?	no
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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?	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?	no
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	no
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	no
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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?	no
<b>115.332 (b)</b>	<b>Volunteer and contractor training</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)?	no
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	no
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</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
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

<b>115.334 (b)</b>	<b>Specialized training: Investigations</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).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</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 or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	no
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</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
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	na
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	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.)	na
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	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.)	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.)	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.)	na

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	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.)	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.)	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.)	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.)	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.)	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.)	na
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</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
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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?	no
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</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

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</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.)	na
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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?	no
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</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?	no
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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?	no
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes