

PREA Facility Audit Report: Final

Name of Facility: Rutherford House

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/18/2022

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"/>
Auditor Full Name as Signed: Shirley L. Turner	Date of Signature: 08/18/2022

AUDITOR INFORMATION	
Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	08/03/2022
End Date of On-Site Audit:	08/04/2022

FACILITY INFORMATION	
Facility name:	Rutherford House
Facility physical address:	1707 Line Avenue , Shreveport, Louisiana - 71101
Facility mailing address:	

Primary Contact	
Name:	Lafonda Iverson
Email Address:	lafonda.iverson@gmail.com
Telephone Number:	3182304175

Superintendent/Director/Administrator	
Name:	Ira Tieuel
Email Address:	therutherfordhouse@gmail.com
Telephone Number:	3182220222

Facility PREA Compliance Manager	
Name:	Brittney Bishop
Email Address:	bbishop.rhpersonnel@gmail.com
Telephone Number:	O: 318-222-0222

Facility Health Service Administrator On-Site	
Name:	Sarah Parker
Email Address:	therutherfordhouse@gmail.com
Telephone Number:	3182220222

Facility Characteristics	
Designed facility capacity:	38
Current population of facility:	24
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	12-18
Facility security levels/resident custody levels:	1-5
Number of staff currently employed at the facility who may have contact with residents:	53
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Rutherford House Residential Facilities
Governing authority or parent agency (if applicable):	
Physical Address:	1707 Line Avenue , Shreveport, Louisiana - 71101
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	LaFonda Iverson	Email Address:	lafonda.iverson@gmail.com

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-03
2. End date of the onsite portion of the audit:	2022-08-04

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:	Hotline Operator - Project Celebration, Inc. Assistant Executive Director - Project Celebration, Inc. Director of Nursing - Ochsner Louisiana State University Health Systems, Shreveport

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	38
15. Average daily population for the past 12 months:	24
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:	20
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:	6
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:	0
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.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	53
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:	5
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.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" 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 RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The sample considered age, race, ethnicity, length of stay, and housing assignment to obtain geographically diverse interviews.
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<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
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<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>Provided interview guide to facility which included the vulnerable categories of youth to be interviewed prior to the onsite audit phase and collaborated with staff onsite reviewing the makeup and characteristics of the population; information was provided for housing consideration.</p>
<p>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:</p>	<p>5</p>
<p>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:</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>Provided interview guide to facility which included the vulnerable categories of youth to be interviewed prior to the onsite audit phase and collaborated with staff onsite reviewing the makeup and characteristics of the population; information was provided for housing consideration.</p>
<p>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:</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>Provided interview guide to facility which included the vulnerable categories of youth to be interviewed prior to the onsite audit phase and collaborated with staff onsite reviewing the makeup and characteristics of the population; information was provided for housing consideration.</p>
<p>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:</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>Provided interview guide to facility which included the vulnerable categories of youth to be interviewed prior to the onsite audit phase and collaborated with staff onsite reviewing the makeup and characteristics of the population; information was provided for housing consideration.</p>
<p>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:</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>Provided interview guide to facility which included the vulnerable categories of youth to be interviewed prior to the onsite audit phase and collaborated with staff onsite reviewing the makeup and characteristics of the population; information was provided for housing consideration.</p>
<p>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:</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>Provided interview guide to facility which included the vulnerable categories of youth to be interviewed prior to the onsite audit phase and collaborated with staff onsite reviewing the makeup and characteristics of the population; information was provided for housing consideration.</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>Provided interview guide to facility which included the vulnerable categories of youth to be interviewed prior to the onsite audit phase and collaborated with staff onsite reviewing the makeup and characteristics of the population; information was provided for housing consideration.</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>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>Provided interview guide to facility which included the vulnerable categories of youth to be interviewed prior to the onsite audit phase and collaborated with staff onsite reviewing the makeup and characteristics of the population; information was provided for housing consideration.</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>The facility does not use segregated housing or isolation.</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>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

If "Other," describe:

Gender was also considered in selecting random staff interviewees.

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

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):

Virtual formal interviews were conducted, utilizing technology and by telephone, with the majority of leadership and administrative staff and supervisors during the pre-onsite audit phase.

Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

10

76. Were you able to interview the Agency Head?

- Yes
- No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

- Yes
- No

78. Were you able to interview the PREA Coordinator?

- Yes
- No

<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <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>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p> <input type="checkbox"/> Agency contract administrator <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 <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other </p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Virtual formal interviews were conducted, utilizing technology and by telephone, with the majority of leadership and administrative staff and supervisors during the pre-onsite audit phase.

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.

84. Did you have access to all areas of the facility?	<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:

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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).	No text provided.
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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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	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
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	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
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	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:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse during the past 12 months.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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 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)

Staff-on-inmate sexual abuse investigation files	
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 checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment during the past 12 months.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative 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 harassment investigation files)
Staff-on-inmate sexual harassment investigation files	

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations of sexual abuse or sexual harassment during the past 12 months.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<input type="radio"/> The audited facility or its parent agency <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) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
Identify the name of the third-party auditing entity	Correctional Management and Communications Group, LLC

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 485 297">Documents Reviewed:</p> <p data-bbox="242 360 509 387">Facility PREA Policy, #001</p> <p data-bbox="242 418 528 445">Facility Organizational Chart</p> <p data-bbox="242 477 363 504">Interviews:</p> <p data-bbox="242 535 432 562">PREA Coordinator</p> <p data-bbox="242 593 384 620">Random Staff</p> <p data-bbox="242 651 1473 710">Provision (a): An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct.</p> <p data-bbox="242 741 1449 866">The facility's PREA related policy and procedures (#001) mandate a zero-tolerance approach toward all forms of sexual abuse and sexual harassment. The policy/procedures address each PREA standard and outline the facility’s methods for preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors.</p> <p data-bbox="242 898 1485 1059">Obtaining information to detect sexual abuse and sexual harassment is addressed through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policy includes but is not limited to responding to sexual abuse and sexual harassment through reporting, investigations, assessments, and disciplinary sanctions for residents and staff. The policy and procedures are in numbered sections aligned with the standards making each section of the policy correspond with the same PREA standard section/number.</p> <p data-bbox="242 1090 1481 1149">Provision (b): An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p data-bbox="242 1180 1490 1341">Policy provides for the designation of a PREA Coordinator. The facility’s PREA Coordinator is under the direct supervision of the Executive Director. The role of the PREA Coordinator is to develop, implement and oversee agency efforts to comply with the standards to ensure the safety of all residents. The interview with the PREA Coordinator confirmed her knowledge of the PREA standards, their implementation and their incorporation within the daily program and activities. Observations and interviews confirmed the PREA Coordinator has the authority to perform her PREA related duties.</p> <p data-bbox="242 1373 1481 1431">Provision (c): Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.</p> <p data-bbox="242 1462 1428 1520">The agency operates one facility, requiring only a PREA Coordinator who states she has the time to perform the PREA duties.</p> <p data-bbox="242 1552 376 1579">Conclusion:</p> <p data-bbox="242 1610 1493 1704">Based upon the review and analysis of the available evidence, interviews and observing the staff interactions, the Auditor has determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Reviewed:</p> <p>Facility PREA Policy, #001</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Executive Director/Agency Head Designee</p> <p>Provision (a) and (b):</p> <p>Provision (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Provision (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>The PREA Policy provides that the facility does not contract with other entities to house its residents. The interviews with the PREA Coordinator and Executive Director are aligned with the policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and the interviews, the Auditor determined the facility does not contract for the confinement of its residents.</p>

115.313	Supervision and monitoring
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

Facility PREA Policy, #001

Staffing Analysis

Absentee Staffing Plan

Sexual Assault Response Team (SART) Meeting Minutes

Interviews:

Executive Director

PREA Coordinator

Program Director/Intermediate or Higher-Level Staff

Provision (a): The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

Policy provides details for maintaining the internal staffing ratios of 1:6 during the waking hours and 1:12 during the sleeping hours which are licensing requirements with the Louisiana Department of Children and Family Services. The facility's internal staffing plan ensures the PREA ratios will be maintained. The camera system is located in the office of the Executive Director and is regularly monitored. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Executive Director, review of policy and observations. The policy and annual Staffing Analysis outline the staffing plan. The work schedules are based on the staffing plan and facility policy which requires the above tenets be considered when addressing staffing levels. During staff shortages and challenges of COVID-19, administrative staff was used to supplement the general direct care staff. The administrative staff receive direct care staff training.

Provision (b): The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

Policy provides that in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations from the staffing plan in the past 12 months however administrative staff members have been used to supplement the shifts in order to maintain the required staff to

resident ratio. The Absentee Staffing Plan form is completed by the a staff member or the Personnel Manager indicating the circumstances under which a substitute staff member has be utilized due to the absence of a staff member. The facility is prepared to document any deviations from the staffing plan. The Absentee Staffing Plan form is completed when staffing substitutions are made due to unavoidable absences. The completed form describes the situation that occurred which warranted the staff substitution and identifies the staff members involved. Licensing regulations require the facility to provide for at least one staff person to be on-call in the evening/night time, in case of an emergency.

Provision (c): Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

The policy and licensing requirements are that staff to resident ratios are 1:6 during the waking hours and 1:12 during the sleeping hours and in accordance with the Executive Director. Direct care staff members maintain the ratios and ensure the PREA ratios are met. The staff to resident ratio was in compliance during the site visit as observed during the comprehensive site review and subsequent observations. Since the last PREA audit the average daily number of residents is 24. The facility consists of four separate houses; two were open and two were closed due to a staff shortage. There were 20 residents onsite on the first day of the site review.

Provision (d): Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Compliance Manager required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Policy provides that an annual review of the staffing plan is conducted. The documented Staffing Analysis was reviewed and was conducted through collaboration of the PREA Coordinator and Executive Director. The document reviews but is not limited to the following areas, prevailing staffing patterns; deployment and updates of video monitoring system; and occurrence of unannounced rounds, aligned with this provision of the standard. No corrective actions were identified in the annual Staffing Analysis. The SART meeting minutes indicate that the administrative staff meet monthly and review and discuss communication; staff supervision of residents; staff training; camera system; unannounced rounds; and security practices. There have been no allegations/investigations of sexual abuse during this audit period for review by the SART.

Provision (e): Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.

Policy provides for the occurrence of unannounced rounds conducted at the group homes. The documented rounds show they are collectively made by intermediate and higher level staff at various times on all shifts. Administrative staff have the capability to live stream group home activities. The areas visited during the unannounced rounds at various times include the outside grounds; main building (kitchen, office area, school area, gymnasium) and the individual group homes. During the unannounced rounds, the observations consider but are not limited to the following: staff positioning; proper supervision; resident activity; and resident and staff interactions. Any blind spots are also physically checked.

The interview with the Program Director indicated how he ensures that staff does not alert other staff when he is conducting unannounced rounds by staggering the days and times of the rounds. The policy indicates staff will not alert other staff regarding the occurrence of unannounced rounds. Staff members are not informed of the unannounced rounds and staff members are encouraged not to alert other staff members regarding the occurrence of unannounced rounds.

Conclusion:

Based upon the review and analysis of the available evidence and the staff interviews, the Auditor determined the facility is adhering to this standard regarding supervision and monitoring.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 327 432 353">PREA Policy, #001</p> <p data-bbox="240 383 424 409">Training Materials</p> <p data-bbox="240 439 381 465">Training Logs</p> <p data-bbox="240 501 363 528">Interviews:</p> <p data-bbox="240 557 384 584">Random Staff</p> <p data-bbox="240 613 344 640">Residents</p> <p data-bbox="240 669 432 696">PREA Coordinator</p> <p data-bbox="240 732 1406 824">Provision (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p data-bbox="240 853 1485 945">The PREA Policy prohibits cross-gender strip searches, cross-gender pat-down searches and cross-gender visual body cavity searches. There is no evidence of cross-gender searches of any type occurring at the facility. Based on the interviews, no cross-gender searches are conducted at the facility, in accordance with policy.</p> <p data-bbox="240 981 1353 1008">Provision (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.</p> <p data-bbox="240 1037 1485 1229">Policy prohibits staff conducting any type cross-gender searches when there are exigent circumstances. The PREA Coordinator also serves as the training coordinator and provides training on how to conduct searches. Staff participation in the training is documented and was confirmed by staff interviews. Staff is aware of the restriction of conducting cross-gender searches and that males will be available to search the residents. No residents interviewed reported a female staff member conducted a pat-down search of their body. The evidence shows cross-gender pat-down searches have not occurred at the facility. Staff interviews confirmed that cross-gender searches do not occur.</p> <p data-bbox="240 1265 1406 1323">Provision (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.</p> <p data-bbox="240 1352 1477 1411">The policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. All interviews confirmed that cross-gender searches do not occur at the facility.</p> <p data-bbox="240 1447 1485 1639">Provision (d): The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p data-bbox="240 1675 1485 1798">The policy provides that the facility will enable residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them except in exigent circumstances or during routine room checks. This practice was confirmed through interviews with residents and staff. All residents and staff interviewed reported that residents have never been naked in full view of any staff while showering, changing clothes, or performing bodily functions.</p> <p data-bbox="240 1834 1485 2027">The evidence, including observations, demonstrate that residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard. Additionally, residents are not viewed on the cameras when they are showering, using the toilet or changing clothes. The shower procedures include a reasonable amount of privacy provided for each resident. Curtains are placed at the stalls of the showers and toilets.</p> <p data-bbox="240 2058 1461 2148">Provision (e): The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a</p>

broader medical examination conducted in private by a medical practitioner.

The policy and procedures prohibit the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verified policy awareness and that no such searches have occurred in the past 12 months. Rutherford House receives a referral packet on all residents before they are accepted into the facility, and the resident's gender is recorded. According to the Policy, there will be no physical examination to determine a resident's genital status. One hundred percent of direct care staff received the training on conducting searches and searches of transgender and intersex residents.

Provision (f): The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The policy indicates staff is trained in how to conduct pat-down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The documentation and staff interviews support the training is conducted. According to policy, the training is conducted at orientation, at least annually and as needed. Training participation is documented. The interviews also supported that staff members are trained in how to conduct pat-down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Conclusion:

Based on the reviewed documentation and interviews, the facility provides for adherence to internal policy and the standard.

115.316 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Reviewed:

PREA Policy

Interviews:

Resident Interviews

Random Staff

PREA Coordinator

Executive Secretary/Intake

Independent Living Coordinator/Intake

Provision (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

The PREA policy addresses the provision of support services for the disabled residents accepted in the program by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy prohibits use of resident readers except in limited circumstances where a resident's safety is compromised. Random staff interviews and an interview with the PREA Coordinator confirmed that residents are not used as readers for other residents.

Residents with cognitive disabilities were interviewed and their understanding of the PREA information was evident. The State of Louisiana, Office of Juvenile Justice (OJJ), will provide assistance to the Rutherford House if a special needs resident is placed in the facility. Initial PREA education is provided to the youth by the Executive Secretary for the Assistant Director/Treatment Counselor. Comprehensive PREA education is provided to residents by the Independent Living Coordinator through the education unit. It was clear from the interviews how the education is provided in consideration of the various functioning levels and capabilities of the population served. The education staff and mental health staff may assist in adapting the PREA education sessions for the comprehension of all residents.

Provision (b): The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

All youth are placed in this community residential program by the OJJ and any outside special needs services for a resident will be provided through OJJ. Policy states that residents that do not speak English or who are blind or deaf are not accepted in this facility. The evidence and policy indicate that each resident placed in the facility with a disability has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA information is posted and accessible to residents. The facility has access to support services to provide PREA education in preventing, detecting, and responding to sexual abuse and sexual harassment to the residents that are placed in the facility.

Provision (c): The agency shall not rely 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.

Policy prohibits the use of resident readers except when a delay could jeopardize a resident's safety. Staff interviews confirmed residents are not used to relay PREA information to or from other residents. Staff read the PREA information to youth during the intake process. There were no residents in the facility that were in need of interpreter or translation services during the site review.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 327 373 353">PREA Policy</p> <p data-bbox="240 418 373 445">Staff Manual</p> <p data-bbox="240 474 437 501">Personnel Records</p> <p data-bbox="240 533 363 560">Interviews:</p> <p data-bbox="240 589 443 616">Personnel Manager</p> <p data-bbox="240 645 429 672">Executive Director</p> <p data-bbox="240 703 440 730">Provision (a) & (f):</p> <p data-bbox="240 761 1453 824">Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—</p> <p data-bbox="240 853 1469 916">(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);</p> <p data-bbox="240 945 1469 1008">(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p data-bbox="240 1037 1422 1099">(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="240 1128 1461 1256">Provision (f): The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p data-bbox="240 1285 1477 1379">Background checks occur prior to employment and annually thereafter, in accordance with the facility's State licensing authority. A sample of personnel records were reviewed onsite including applications and background registry checks. Initial background checks are conducted by the facility through a local check and a background check is conducted by the State.</p> <p data-bbox="240 1408 1477 1637">The interview with the Personnel Manager and a review of policy provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. The forms completed and included in the personnel files are responsive to the provisions of this standard. All applicants are asked about any prior misconduct involving any sexual activity. The documentation, interview and policy support that the facility does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse. The PREA Policy provides for employees to continually inform administrative staff of any related misconduct.</p> <p data-bbox="240 1666 1437 1729">Provision (b): The agency shall 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.</p> <p data-bbox="240 1758 1477 1886">Policy supports that the facility does not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview with the Personnel Manager was aligned with the standard and the personnel documents show the inquiries made during the application process regarding previous misconduct.</p> <p data-bbox="240 1915 1477 2076">The evidence demonstrates that the facility considers any incident 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. The Staff Manual provides that no applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior. Based on the review of the personnel records and the interviews, the facility follows this provision of the standard.</p> <p data-bbox="240 2105 459 2132">Provisions (c) & (d):</p>

Provision (c): Before hiring new employees or **Provision (d):** contractors who may have contact with residents, the agency shall:

(1) Perform a criminal background records check;

(2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and

(3) 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.

Policy requires background checks to occur prior to residents receiving services from employees, contractors and volunteers and was confirmed by the Personnel Manager's interview and the review of personnel records. Efforts are made to contact all prior institutional employers for information of incidents or allegations related to sexual abuse. An authorization to release information form is signed by the applicant and sent to the previous employer to get information. Based on the review of documentation and interviews, the facility follows this provision of the standard.

Provision (e): The agency shall 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.

Initial background checks are conducted and are conducted annually thereafter. The interview with the Personnel Manager, review of documentation and a review of the PREA Policy provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g): Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

According to the interview with the Personnel Manager and a review of the PREA Policy, staff has a continuing duty to report related misconduct. The Policy provides for the omission of sexual misconduct or providing false information is grounds for termination. This information is also provided to new employees during initial training.

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

The interview confirmed the facility would provide this information if requested to do so, it is not prohibited by law, and/or if there is a proper authorization form.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard regarding hiring and promotion decisions.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Annual Staffing Analysis</p> <p>Interviews:</p> <p>Executive Director</p> <p>PREA Coordinator</p> <p>Provision (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>There was no substantial modification to the facility structures since the last PREA audit conducted in 2019, as reported and observed.</p> <p>Provision (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>The interviews with the Executive Director and PREA Coordinator, documentation, and observations revealed that in July 2020 the camera systems in three group homes were updated for the installation of additional cameras. Cameras were placed on the outside of the buildings and grounds and areas inside the buildings which collectively include kitchens, game room, telephone room, stairway area, front porch, a parking lot and other outside areas. The monitoring system supplements direct staff supervision and covers identified blind spots. The additional cameras were observed by the Auditor during the comprehensive site review.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 485 297">Documents Reviewed:</p> <p data-bbox="242 327 373 353">PREA Policy</p> <p data-bbox="242 383 510 409">Letter to Law Enforcement</p> <p data-bbox="242 439 635 465">Memorandum of Understanding (MOU)</p> <p data-bbox="242 495 424 521">Statement of Fact</p> <p data-bbox="242 557 363 584">Interviews:</p> <p data-bbox="242 613 384 640">Random Staff</p> <p data-bbox="242 669 759 696">Assistant Director, Group Homes/Investigative Staff</p> <p data-bbox="242 725 427 752">Executive Director</p> <p data-bbox="242 781 430 808">PREA Coordinator</p> <p data-bbox="242 837 868 864">Oschner-Louisiana State University Health, Director of Nursing</p> <p data-bbox="242 900 459 927">Provisions (a) & (b):</p> <p data-bbox="242 956 1485 1151">Provision (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Provision (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. 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.</p> <p data-bbox="242 1180 1481 1442">The PREA policy supports a uniform evidence protocol will be followed regarding investigations of sexual abuse in accordance with the standard. The policy provides information regarding the facility-based investigators responsible for conducting administrative investigations. Referrals for administrative investigations are also made to the Louisiana Office of Juvenile Justice. Training certificates document investigative training for the facility-based investigators. According to the interviews and policy, the Shreveport Police Department investigates allegations that are criminal in nature. Allegations are also reported to the Louisiana Department of Children and Family Services. The interviews confirmed awareness of protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</p> <p data-bbox="242 1471 1490 1635">Provision (c): The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentially or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.</p> <p data-bbox="242 1664 1481 1794">Forensic examinations will be provided at no cost to the victim as stated in the PREA policy. No forensic medical examinations have been conducted during this audit period. The interview with the Director of Nursing, Oschner-Louisiana State University Health Shreveport-Academic Medical Center, confirms forensic examinations will be conducted by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) at the hospital as determined by a physician.</p> <p data-bbox="242 1823 1481 2150">Provisions (d) & (e): Provision (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. Provision (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory</p>

interviews and shall provide emotional support, crisis intervention, information, and referrals.

Victim advocacy services have been arranged and are documented in a MOU with Project Celebration Inc. The services that will be provided to residents, as verified, by the Project Celebration, Inc. representative include:

- Hospital Advocacy – Sexual assault advocate will meet sexual assault victim at the medical facility 24/7 to provide support during a forensic interview or medical examination.
- Personal Advocacy – Sexual assault advocate will ensure the sexual assault victim proceeds with the path that the victim chooses and provides support not matter what the personal choice of the victim may be.
- Court Advocacy – Sexual assault advocate will attend court proceeding if needed to support the sexual assault victim, help them file for protective orders, etc.
- Referral Resource – Refer victims of sexual assault to other resources such as counseling, group sessions, informational material, etc.

Information regarding advocacy services is provided to the residents initially during the intake process and is posted. Comprehensive PREA education is provided within 10 days of admission and is a recurring topic in the Independent Living Groups conducted by the Independent Living Coordinator.

Provisions (f) & (g): Provision (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section. **Provision (g):** The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Investigations of allegations of sexual abuse that are criminal in nature are conducted by the Shreveport Police Department in accordance with the agency's policy and the provisions of the standards. A letter is provided to the Police Department regarding criminal investigations of sexual abuse conducted at Rutherford House be performed in accordance with a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate for youth. The welfare agency is also contacted, as well as the State of Louisiana Office of Juvenile Justice.

Provision (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility has a MOU for the delivery of advocacy services with Project Celebration, Inc.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with the provisions of this standard.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 300">Documents Reviewed:</p> <p data-bbox="240 327 373 356">PREA Policy</p> <p data-bbox="240 383 525 412">Complaint/Grievance Forms</p> <p data-bbox="794 450 911 479" style="text-align: center;">Interviews:</p> <p data-bbox="240 539 384 568">Random Staff</p> <p data-bbox="240 595 759 624">Assistant Director, Group Homes/Investigative Staff</p> <p data-bbox="240 651 427 680">Executive Director</p> <p data-bbox="240 707 432 736">PREA Coordinator</p> <p data-bbox="240 770 1437 831">Provision (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 864 1481 1055">The policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the requirements as verified through their interviews. The facility reports there were no allegations of sexual abuse or sexual harassment. A review of the grievances indicated none were filed in the last 12 months that contained any PREA issues. The policy and interviews support the cooperation between the facility staff and investigators. The facility-based investigators have received the required training as documented by certificates and the training curriculum.</p> <p data-bbox="240 1088 1493 1279">Provision (b) and (c): Provision (b): The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. Provision (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p data-bbox="240 1312 1481 1536">PREA reporting information is located on the facility's website and within the facility, accessible to the public. Reporting information is also posted in various areas of the facility including the individual group homes. The posted information is accessible to residents, staff, contractors and visitors. The policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained facility investigators and may be investigated by the agency the facility contracts with, State of Louisiana Office of Juvenile Justice (OJJ). Allegations that are criminal in nature are investigated by the Shreveport Police Department. The information regarding the investigation of sexual abuse is posted on the facility and contract agency websites.</p> <p data-bbox="240 1570 1485 1630">Provision (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p data-bbox="240 1664 1485 1724">The facility and other investigative agencies have policies governing investigations. Training documentation was reviewed by the Auditor of the facility-based investigators and training is provided to the OJJ investigators.</p> <p data-bbox="240 1758 1481 1850">Provision (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p data-bbox="240 1883 1430 1944">The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p data-bbox="240 1977 376 2007">Conclusion:</p> <p data-bbox="240 2033 1422 2116">Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations. Staff members were aware of the investigative entities.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

PREA Policy

Training Materials

Training Logs

Training Acknowledgement Statements

Sexual Assault Response Team (SART) Meeting Minutes

Interviews:

Random Staff

PREA Coordinator

Provisions (a) and (c):

Provision (a): The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) 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;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

Provision (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The PREA Policy addresses PREA related training for staff. The PREA Coordinator also conducts staff training and has an array of training materials and documentation maintained in her office. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents.

Staff interviews, training logs and staff meeting minutes support refresher training is also conducted. All random staff interviewed and the PREA Coordinator reported the training is provided as required. All direct care staff members interviewed and policy verified the general topics in this standard provision were included in the training. In-house training is supplemented by online training and related training provided by the State.

Provision (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The facility houses males and the training considers the needs of the population served as determined by training materials and interviews with random staff and the PREA Coordinator. Policy supports training being tailored to the needs and attributes of the population served.

Provision (d): The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

Policy provides all training be documented. Training is documented in different ways, sign-in sheets/logs; acknowledgement statements; certificates; and meeting notes. The Auditor verified training through document review and staff interviews. The facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Training Acknowledgement Statements</p> <p>Interview:</p> <p>Contractor</p> <p>Provision (a): The agency shall ensure 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.</p> <p>The policy requires that volunteers and contractors who have contact with residents be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of supporting documentation and interviews document the training occurs. The contractor interviewed provides medical services to residents within the facility. The facility has no volunteers in the facility at this time. The School Coordinator was informally interviewed during the comprehensive site review and provided that the education staff are scheduled for and receive PREA training onsite with the facility staff.</p> <p>Provision (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The interview revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and would-be volunteers in accordance with the PREA Policy. The contractor interviewed provides medical and mental health services to the residents. The interview indicated that the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents. The facility has no volunteers at this time.</p> <p>Provision (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Signed training acknowledgement statements were reviewed for training received by contractors. There are no volunteers in the facility at this time.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

PREA Policy

Parents/Residents Manual

Staff Manual

Acknowledgement Statements

PREA Orientation Booklet

PREA Education Curriculum

Youth Safety Guide

Interviews:

Residents

Assistant Director/Treatment Counselor

Executive Secretary

Independent Living Coordinator

PREA Coordinator

Provisions (a) and (b):

Provision (a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, 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. **Provision (b):** Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to 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.

Policy provides that all residents admitted to the facility receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. The Executive Secretary to the Assistant Director/Treatment Counselor provides the initial orientation to PREA and the Independent Living Coordinator provides more detailed information within 10 days of admission to the facility and periodically thereafter. The residents interviewed confirmed that PREA education sessions occur initially and periodically thereafter. Policy provides that within 10 days of intake, residents receive a comprehensive age-appropriate PREA education session, verified by interviews. The results of the staff and resident interviews and a review of the curriculum and education materials indicated the information provided to the residents is age-appropriate. The comprehensive education sessions are covered either individually or during independent living group sessions. Additionally, PREA education group sessions are conducted periodically on a rotating basis in the independent living group sessions through an array of PREA related topics and helpful and prevention information. The rotating PREA topics during the independent living group sessions expands on the general information provided during intake and the comprehensive session conducted after intake.

The interviews with the PREA educators revealed they ensure residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. Residents are shown a PREA video during the second PREA education session and periodically during their stay. The residents sign acknowledgement statements confirming their receipt of the initial and comprehensive PREA information sessions. A review of documentation showing admission dates and education session dates indicate residents' participation in each PREA education session as required. The PREA related information is provided to staff in policies and procedures, training and

staff meetings.

Provision (c): Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), all residents participated in the required PREA education sessions. The interviews and documentation indicate that youth receive the initial PREA education during the intake process. The facility is in compliance with this provision of the standard.

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

PREA education is provided in formats accessible to all residents admitted to the facility and based on the individual need of the youth. Resources for special needs and support services will be provided or obtained by the Louisiana Office of Juvenile Justice. The facility also has the Caddo Parish School district as a resource, including special education services and additional accommodation services. PREA information is accessible to residents, staff, contractors, and visitors. During targeted interviews, the residents expressed the general information provided and a general understanding regarding PREA and the purpose of PREA education.

Provision (e): The agency shall maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements and training materials were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Executive Secretary and the Independent Living Coordinator were interviewed regarding PREA education for residents. Education sessions are periodically provided to residents by staff from the advocacy agency, Project Celebration, Inc.

Provision (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A PREA Orientation booklet is provided to each resident to assist in eliminating incidents of sexual abuse and sexual harassment. The booklet provides educational information regarding sexual abuse and victims and reporting information. The residents revealed they can report allegations of sexual abuse or sexual harassment in different ways such as telling a staff member; telling a family member who may report the allegation for them; access to the hotline in each group home to report allegations of sexual abuse or sexual harassment; or complete a grievance form. Each resident is provided a Parent/Resident Manual which contains reporting information and PREA information was observed posted in the main building and in the group homes. The posted information was easy to see and read.

Education sessions are periodically provided to residents by staff from the advocacy agency, Project Celebration, Inc. All residents are provided a PREA booklet and brochure; both provide the general and other informative information. The booklet includes but is not limited to information about healthy relationships, definitions of terms residents need to know, and how males may respond if they are sexually abused. The brochure also provides additional information which includes but is not limited to what to do and not do for sexual safety and the hotline number for the Office of Juvenile Justice Investigative Services.

Conclusion:

Based upon the review and analysis of the available evidence, interviews and observations, the Auditor determined the facility is compliant with the provision of this standard.

115.334	Specialized training: Investigations
	<p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 485 300">Documents Reviewed:</p> <p data-bbox="240 329 373 358">PREA Policy</p> <p data-bbox="240 387 445 416">Training Certificates</p> <p data-bbox="240 445 352 474">Interview:</p> <p data-bbox="240 504 759 533">Assistant Director, Group Homes/Investigative Staff</p> <p data-bbox="240 562 448 591">Provision (a) & (b):</p> <p data-bbox="240 651 1474 842">Provision (a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="240 875 1474 1099">Policy and practice provide for investigations of allegations of sexual abuse that are criminal in nature be conducted by the Shreveport Police Department. Administrative investigations are conducted by trained facility-based investigators and the Louisiana Office of Juvenile Justice agency investigators. The PREA Policy provides for the investigators to be trained. The investigators have received the regular PREA training as evident through documentation. The investigators have received additional training in conducting investigations as confirmed by a review of training certificates and interviews. The online training course, PREA: Investigating Sexual Abuse in a Confinement Setting, through the National Institute of Corrections addresses the tenets of the standard, as confirmed by the investigative staff interview.</p> <p data-bbox="240 1133 1474 1193">Provision (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="240 1227 1474 1317">The two investigators for the facility are the Assistant Directors. Both have Certificates of Completion of the online course, PREA: Investigating Sexual Abuse in a Confinement Setting provided by the National Institute of Corrections. The Assistant Director of Group Homes was formally interviewed regarding compliance with this standard.</p> <p data-bbox="240 1350 1474 1411">Provision (d): Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p data-bbox="240 1444 1474 1534">The Louisiana Office of Juvenile Justice, Louisiana Department of Children and Family Services, Louisiana Child Protective Services Department and the Shreveport Police Department provide training to its investigators who also may conduct investigations within the facility.</p> <p data-bbox="240 1565 376 1594">Conclusion:</p> <p data-bbox="240 1626 1422 1686">Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding specialized training for investigations.</p>

115.335	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed:</p> <p data-bbox="242 329 373 358">PREA Policy</p> <p data-bbox="242 387 445 416">Training Certificates</p> <p data-bbox="242 445 363 474">Interviews:</p> <p data-bbox="242 504 421 533">Medical Assistant</p> <p data-bbox="242 562 426 591">Nurse Practitioner</p> <p data-bbox="242 620 639 649">Assistant Director/Treatment Counselor</p> <p data-bbox="242 678 1445 739">Provision (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol data-bbox="242 768 1366 965" style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="242 994 1490 1256">Policy and facility practice provide medical and mental health staff members receive the regular PREA training as well as the specialized training. Acknowledgement statements, certificates and interviews document regular and specialized training for medical and mental health staff members. The documentation confirms the medical staff, including contractors, completed online health care training through the National Institute of Corrections, titled PREA: Medical Care for Sexual Assault Victims in a Confinement Setting. The Assistant Director's specialized online training through the Sexual Assault Center, Florida, include "Sexual Assault 201: Clinical Considerations" and "Child Abuse 201." The Nurse Practitioner has training as a Sexual Assault Nurse Examiner and in sexual assault advocacy. The interviews and a review of training Certificates confirmed completion of training which includes the provisions of the standard.</p> <p data-bbox="242 1285 1465 1346">Provision (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p data-bbox="242 1375 1437 1435">A forensic medical examination will not be conducted at the facility and is not a service provided by the facility's contract Nurse Practitioner.</p> <p data-bbox="242 1464 1437 1525">Provision (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p data-bbox="242 1554 1445 1583">The training certificates and the interviews with medical and mental health staff confirmed receipt of the required training.</p> <p data-bbox="242 1612 1477 1711">Provision (d): Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner's status at the agency.</p> <p data-bbox="242 1740 1490 1832">Medical and mental health staff completed the general training that is provided for all employees or contractors as applicable. The standard PREA training is provided by the PREA Coordinator and OJJ staff has provided training at the facility in the past.</p> <p data-bbox="242 1861 376 1890">Conclusion:</p> <p data-bbox="242 1919 1422 1980">Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding specialized training for medical and mental health care.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 300">Documents Reviewed:</p> <p data-bbox="240 327 373 356">PREA Policy</p> <p data-bbox="240 383 707 412">Victimization/Aggression Admission Screening</p> <p data-bbox="240 439 458 468">Housing Assessment</p> <p data-bbox="240 495 352 524">Risk Scale</p> <p data-bbox="240 551 667 580">Intake Assessment/Behavior Support Plan</p> <p data-bbox="240 607 363 636">Interviews:</p> <p data-bbox="240 701 1021 730">Assistant Director/Treatment Counselor-Staff That Perform Screening for Risk</p> <p data-bbox="240 792 346 822">Residents</p> <p data-bbox="240 848 430 878">PREA Coordinator</p> <p data-bbox="240 904 1490 1003">Provision (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p data-bbox="240 1030 1490 1263">The policy provides a risk screening occurs at intake and no later than 72 hours upon arrival to the facility. The resident is interviewed upon arrival to the facility to obtain information about the resident's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The Victimization/Aggression Admission Screening instrument is used during the admission process and other assessments are conducted. The resident's risk level is reassessed through the review of Counselor's notes, incident reports and behavior reports. Screening instruments were reviewed by the Auditor, including the Housing Assessment and the Intake Assessment/Behavior Support Plan. The documents confirmed there was an attempt to ascertain the following information:</p> <ol data-bbox="240 1290 743 1552" style="list-style-type: none"> (1) Prior sexual victimization or abusiveness; (2) Resident's own perception of vulnerability; (3) Level of emotional and cognitive development; (4) Intellectual or developmental disabilities; (5) Physical Disabilities <p data-bbox="240 1579 1189 1608">Provision (b): Such assessments shall be conducted using an objective screening instrument.</p> <p data-bbox="240 1635 1469 1798">The objective screening instrument, Victimization/Aggression Admission Screening, is used to obtain primary information including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety. The interviews and review of documentation revealed the initial use of the instrument is generally on the same day of admission and within 72 hours of admission.</p> <p data-bbox="240 1825 1099 1854">Provision (c): At a minimum, the agency shall attempt to ascertain information about:</p> <ol data-bbox="240 1881 1495 2121" style="list-style-type: none"> (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age;

- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instruments and determined all factors required by this provision of the standard are included. The interview with the Assistant Director/Treatment Counselor confirmed she is aware of the elements of the risk screening instrument. The resident interviews also confirmed the administration of the screening instrument.

Provision (d): This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The information is ascertained through an interview with the resident and information gleaned from court records and behavior reports. The review of the instrument and interview with the staff responsible for risk screening confirmed the information is ascertained through the resident's interview, reviewing the court packet, school record and medical assessment. Additional information may be gained through the initial physical/psychological appointment, and initial session with Counselor. Resident interviews also confirmed the use of a screening process.

Provision (e): The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. The interview with the Assistant Director/Treatment Counselor revealed the information is only available to treatment and administrative staff. Confinement records are maintained in locked file cabinets in a lockable file room/office. Online documents are password protected. The evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding screening for risk of victimization and abusiveness.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 300">Documents Reviewed:</p> <p data-bbox="240 327 373 356">PREA Policy</p> <p data-bbox="240 383 707 412">Victimization/Aggression Admission Screening</p> <p data-bbox="240 439 667 468">Intake Assessment/Behavior Support Plan</p> <p data-bbox="240 499 363 528">Interviews:</p> <p data-bbox="240 555 344 584">Residents</p> <p data-bbox="240 611 432 640">PREA Coordinator</p> <p data-bbox="240 667 427 696">Executive Director</p> <p data-bbox="240 723 999 752">Assistant Director/Treatment Counselor-Staff That Performs Risk Screening</p> <p data-bbox="240 817 384 846">Random Staff</p> <p data-bbox="240 875 1485 972">Provision (a): The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="240 1001 1481 1128">Facility Policy provides guidance to staff regarding the use of the information obtained from screening instruments. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of samples of the completed screening instruments.</p> <p data-bbox="240 1158 1481 1352">Provision (b): Residents may 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 an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="240 1382 1458 1444">No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Policy states and interviews confirm that isolation is not used in the group homes or the main building.</p> <p data-bbox="240 1473 1453 1570">Provision (c): Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</p> <p data-bbox="240 1599 1458 1760">Policy prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing solely based on how the residents identify or their status. The Policy prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or group homes observed to be reserved for transgender or intersex residents. Housing assignments are made on a case-by-case basis, referencing the assessment instruments.</p> <p data-bbox="240 1789 1485 1917">Provision (d): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.</p> <p data-bbox="240 1946 1485 2141">Policy supports that housing and program assignments for transgender or intersex residents will be made on a case-by-case basis and these residents would not be placed in particular or special housing which was evident from staff interviews and observations. There were no transgender or intersex residents in the facility during the site review and this audit period. Staff will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The evidence shows the facility follows this provision of the standard.</p>

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

The PREA Policy provides placement and programming assignments for each transgender or intersex resident be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident; staff is aware of the requirement. Based on the review of the assessments and interviews, the evidence shows the facility is capable of following this provision of the standard.

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

The resident's concern for his own safety is taken into account through the administration of a screening instrument and this applies to every resident. The residents confirmed in the interviews, they are asked about their safety concerns. The staff interviews revealed staff members are aware of the policy which requires the provision of the standard.

Provision (g): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The PREA Policy states transgender or intersex residents shall be given the opportunity to shower separately from other residents which is also supported by staff interviews. The observations during the comprehensive site review provides that a transgender or intersex resident may shower separately from other residents. The showers in each group home are separate stalls with each stall having a shower curtain.

Provision (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

The policy states and the interviews confirm that isolation is not used in this facility. The licensing authority prohibits the use of isolation.

Provision (i): Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

The policy states and the interviews confirmed that isolation is not used in this facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding the use of screening information. No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The facility is prepared to provide a safe and secure environment and follow all provisions of the standard regarding transgender and intersex residents.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 485 297">Documents Reviewed:</p> <p data-bbox="242 327 373 353">PREA Policy</p> <p data-bbox="242 383 531 409">Parent and Resident Manual</p> <p data-bbox="242 474 513 501">Complaint/Grievance Form</p> <p data-bbox="242 566 505 593">PREA Orientation Booklet</p> <p data-bbox="242 622 442 649">Youth Safety Guide</p> <p data-bbox="242 714 421 741">PREA Curriculum</p> <p data-bbox="242 770 561 797">Memorandum of Understanding</p> <p data-bbox="242 828 363 855">Interviews:</p> <p data-bbox="242 884 384 911">Random Staff</p> <p data-bbox="242 940 346 967">Residents</p> <p data-bbox="242 996 430 1023">PREA Coordinator</p> <p data-bbox="242 1052 512 1079">Executive Secretary/Intake</p> <p data-bbox="242 1108 627 1135">Independent Living Coordinator/Intake</p> <p data-bbox="242 1164 429 1191">Executive Director</p> <p data-bbox="242 1229 1445 1323">Provision (a): The agency shall provide 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.</p> <p data-bbox="242 1352 1479 1581">The facility's PREA policy addresses this standard and provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour reporting hotline, tell a staff member, tell a family member or someone else that may report for the resident, or complete a grievance form. The methods for reporting are confirmed by resident and staff interviews and observations. Reporting information is provided to residents through related posters, brochures, booklets; staff; and posted complaint forms in the group homes.</p> <p data-bbox="242 1610 1485 1774">The posted information and printed information provided to residents contain hotline numbers for reporting allegations of sexual abuse or sexual harassment. Staff and resident interviews revealed residents may use the telephone, located in each group home, to privately report sexual abuse and sexual harassment and may use the telephone in offices in the main building. The completed Grievance/Complaint forms may be placed in a locked box in a common area dedicated for depositing the completed forms. Residents have access to writing materials as observed and stated by staff.</p> <p data-bbox="242 1803 1492 2065">A designated hotline telephone in one of the group homes was tested during the comprehensive site review. The Auditor was able to reach an operator immediately from Project Celebration, Inc. which was prompted by picking up the receiver from the base. The resident receives a PREA Orientation booklet and Manual which provides PREA related information, including how to report allegations of sexual abuse and sexual harassment. The resident may also use this same telephone and direct line to request an advocate regarding sexual abuse and sexual harassment. The operator confirmed that an advocate may also be obtained through the hotline in addition to reporting an allegation of sexual abuse or sexual harassment. The national sexual assault reporting hotline number is also posted and accessible by residents to report allegations of sexual abuse or sexual harassment.</p> <p data-bbox="242 2094 1457 2154">Posters are located in the group homes and other locations visible to residents, staff, contractors, volunteers, and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member or other</p>

person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings. The hotline number is also available to staff for reporting allegations.

Provision (b): The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency 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. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Residents may use the dedicated red telephone located in each group home, directly accessible to residents, to report an allegation of sexual abuse or sexual harassment to Project Celebration, Inc. Signs are posted that explain how to access helping agencies. Some of the random staff interviewed revealed staff could use the dedicated telephone to report allegations of abuse. There have been no allegations of sexual abuse or sexual harassment during this audit period. The facility does not detain residents solely for civil immigration purposes.

Provision (c): Staff shall accept reports made verbally, in writing, anonymously, and from third-parties and shall promptly document any verbal reports.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports, and to immediately document verbal reports as instructed in the PREA policy. All residents interviewed revealed their familiarity with the provisions of the standard. The residents are aware they may report either in person, in writing, by telephone, complete a grievance form, or through a third-party. The residents are aware third-party reports may be made and that reports can be made anonymously. Interviewed random staff members were aware of their duty to receive and document third-party reports. Information regarding reporting allegations is contained on the facility and contract agency websites.

Provision (d): The facility shall provide residents with access to tools necessary to make a written report.

Writing materials are readily available for residents to complete the accessible forms as observed and indicated by the staff interviewed as well as residents. During the site review, the Auditor observed the residents' accessibility to forms and writing utensils. The PREA policy also instructs staff on the availability and accessibility of writing utensils for residents. All grievances filed for the past year were reviewed by the Auditor and there were none that were PREA related.

Provision (e): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately: use of the hotline numbers; talk to the facility-based investigators; write a note; or talk directly to a supervisor and/or the Executive Director.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding resident reporting. The residents have multiple internal ways to privately report. Reports may be made verbally, in writing, anonymously, through third parties, and to outside agencies.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 327 373 353">PREA Policy</p> <p data-bbox="240 383 560 409">Parent and Resident Handbook</p> <p data-bbox="240 439 531 465">Complaint/Grievance Forms</p> <p data-bbox="240 499 363 526">Interviews:</p> <p data-bbox="240 555 432 582">PREA Coordinator</p> <p data-bbox="240 611 429 638">Executive Director</p> <p data-bbox="240 667 639 694">Assistant Director/Treatment Counselor</p> <p data-bbox="240 763 384 790">Random Staff</p> <p data-bbox="240 819 442 846">Resident Interviews</p> <p data-bbox="240 875 1414 938">Provision (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p data-bbox="240 967 1485 1128">The Auditor confirmed through the PREA Policy, interviews and submitted grievance forms that the facility has administrative procedures to address residents' grievances if they involve sexual abuse. The grievance system serves as a method for residents to report allegations of sexual abuse and sexual harassment. The allegations received through the grievance system are referred for investigation. The facility utilizes the grievance system as another way a resident may report an allegation of sexual abuse or sexual harassment and the option of putting an allegation in writing.</p> <p data-bbox="240 1158 391 1184">Provision (b):</p> <p data-bbox="240 1249 1453 1312">(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.</p> <p data-bbox="240 1341 1466 1404">(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.</p> <p data-bbox="240 1433 1447 1496">(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="240 1525 1469 1588">(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.</p> <p data-bbox="240 1617 1477 1742">Based on the review of the PREA Policy, Parent and Resident Manual, grievances, and interviews, evidence shows the facility provides relevant information to the residents and parents/guardians and follows this provision of the standard. The review of the grievances did not reveal that any residents completed a grievance in regards to an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="240 1771 391 1798">Provision (c):</p> <p data-bbox="240 1863 557 1890">The agency shall ensure that—</p> <p data-bbox="240 1919 1485 1982">(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and</p> <p data-bbox="240 2011 1117 2038">(2) Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="240 2067 1466 2159">Based on the review of the PREA Policy, Parent and Resident Manual and interviews, and observation of the locked grievance boxes, evidence shows the facility provides relevant information to the residents and follows this provision of the standard.</p>

Provision (d):

(1) The agency shall 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.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) 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, the resident may consider the absence of a response to be a denial at that level.

The PREA Policy provides for the timelines of 90 days by which a decision must be reached and within five days a review and an agency decision as to the risk of imminent danger to the resident. A grievance alleging sexual abuse or sexual harassment will be referred for an administrative investigation unless it is criminal in nature. The allegation will be investigated by the Shreveport Police Department if determined to be criminal in nature.

Provision (e):

(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) 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.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

The PREA Policy provides that a parent or any other person can assist in filing requests for administrative remedies relating to the allegations of sexual abuse and/or sexual harassment. The residents interviewed were aware of the availability of third-party assistance, if needed.

Provision (f):

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The PREA Policy and other instructional materials regarding the grievance process are aligned with this provision of the standard. The review of the grievances did not reveal that any residents completed a grievance in regards to an allegation of sexual abuse or sexual harassment.

Provision (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The PREA Policy states that a resident who files a false report of sexual abuse or sexual harassment may receive consequences. The consequences may involve the loss of privileges. The residents are aware that there will be

consequences for making false allegations regarding sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding exhaustion of administrative remedies. The facility has an administrative procedure for dealing with resident grievances regarding sexual abuse and the response is to report the allegation for an investigation. The grievance procedure is contained in the Parent and Resident Manual and explained to residents during the intake process.

115.353

Resident access to outside confidential support services and legal representation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

PREA Policy

Memorandum of Understanding (MOU)

PREA Orientation Booklet

Youth Safety Guide

Posted Information

PREA Education Curriculum

Interviews:

Residents

PREA Coordinator

Executive Secretary/Intake

Independent Living Coordinator/Intake

Advocacy Agency Representative

Provision (a): The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Contact information for advocacy services is a part of the PREA education sessions. Information is also provided through signs and posters in various parts of the facility including each group home. A booklet and brochure is also provided to each resident. The hotline telephone was observed in the group homes and the contact information for services from the advocacy agency was posted to report allegations and/or request advocacy services. A group home telephone was tested during the comprehensive site review and the telephone line was connected directly to the operator who stated that upon receipt of the call he would contact an advocate who would respond to the situation and that the facility would be notified regarding an allegation of abuse.

Information is posted providing the national sexual assault hotline number and residents are provided a brochure, Youth Safety Guide, containing the hotline number for the Office of Juvenile Justice Family Liaison and the Investigative Services hotline number. The brochure addresses confidentiality which is also addressed in PREA education sessions. Residents may also use telephones in staff offices, in addition to the dedicated telephones located in the group homes. Advocates from Project Celebration, Inc. provide education classes to residents and staff at the facility periodically as evidenced collectively by the interviews with the Assistant Executive Director of Project Celebration, MOU, PREA Coordinator and residents.

Provision (b): The facility shall 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.

The PREA brochure provided to each resident provides information concerning confidentiality and is covered in the PREA education sessions. Resident interviews indicated an awareness of confidentiality information.

Provision (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

A MOU exists between the facility and Project Celebration, Incorporated for the provision of advocacy services, including emotional support; medical/hospital accompaniment regarding the forensic medical examination; accompaniment during the

investigative interview; 24-hour hotline; and telephone counseling services; court advocacy; and community referrals. Project Celebration, Inc. also provides community prevention and education services to the residents periodically. The Assistant Executive Director confirmed advocacy services during a telephone interview during the post audit phase.

Provision (d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The interviews confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by policy. The site review revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated family could visit and telephone calls are allowed. The PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorney where indicated and/or court representatives and reasonable access to parents or legal guardians. Visitation and communication rules are contained in the Parent and Resident Manual.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard. Residents confirmed they had someone on the outside to report allegations of sexual abuse and sexual harassment to if needed and these persons could make reports for them and without giving the resident's name.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Parent and Resident Manual</p> <p>Posted PREA Information</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>PREA Coordinator</p> <p>§115.354: The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>The PREA policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be made and indicated the information will be accepted, reported and investigated. Staff members reported they are to immediately document all verbal reports received. The interviews revealed that staff may report allegations privately through the use of the abuse reporting hotlines, file a grievance, write a note to an administrator, or go directly to an administrator or the Executive Director. Information regarding reporting is posted on the facility's website, contract agency website, and contained in the Parent and Resident Manual which is provided to parents/guardians. Reporting information is also posted in the main building, each group home, and education area, accessible to visitors.</p> <p>All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents revealed their knowledge of third-party reporting. The residents identified the methods within the facility in which they may make third-party reports such as file a grievance, report to staff or a family member, or utilize the abuse reporting hotline telephone. There were no third-party reports received during this audit period.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance regarding third-party reporting. The facility provides various methods for third-party reports of sexual abuse or sexual harassment.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 485 297">Documents Reviewed:</p> <p data-bbox="244 327 373 353">PREA Policy</p> <p data-bbox="244 383 596 409">Training Certificate of Achievement</p> <p data-bbox="244 441 363 468">Interviews:</p> <p data-bbox="244 497 384 524">Random Staff</p> <p data-bbox="244 555 421 582">Medical Assistant</p> <p data-bbox="244 611 426 638">Nurse Practitioner</p> <p data-bbox="244 669 639 696">Assistant Director/Treatment Counselor</p> <p data-bbox="244 725 430 752">PREA Coordinator</p> <p data-bbox="244 784 429 810">Executive Director</p> <p data-bbox="244 842 472 869">Provision (a) and (b):</p> <p data-bbox="244 900 1484 1061">Provision (a): The agency shall 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; 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. Provision (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p data-bbox="244 1093 1469 1285">The PREA Policy, #001, addresses provisions of the standard including providing that all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State. The facility's and Office of Juvenile Justice's trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Shreveport Police Department. Allegations of sexual abuse are also reported to the Louisiana Department of Children and Family Services and Child Protection Services.</p> <p data-bbox="244 1317 1489 1442">Documents and interviews reveal that reporting allegations of sexual abuse and sexual harassment will be done in accordance with the State's mandatory reporting laws and the PREA Policy. There have been no allegations of sexual abuse or sexual harassment reported during this audit period. A Certificate of Achievement is provided to staff upon completion of the State's mandated reporter training which informs staff of their duty to report and how to report allegations.</p> <p data-bbox="244 1473 1492 1635">The staff interviews were aligned with the requirements of the PREA Policy and standard. A review of documentation demonstrates information reported to staff is reported to the appropriate authorities. Staff members are instructed to report all allegations of sexual abuse or sexual harassment to an Assistant Director as indicated in all interviews. Both Assistant Directors serve as facility-based investigators, responsible for conducting administrative investigations and making the official reports to the investigative authorities and other individuals according to policy.</p> <p data-bbox="244 1666 1458 1760">Provision (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.</p> <p data-bbox="244 1792 1484 2016">Policy supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary regarding the investigation. Providing information is based on the need to know by those involved such as designated supervisors and state and local officials related to the investigation. Staff is expected to abide by the confidentiality requirements of the facility, according to the Executive Director. Interviews with other staff indicated their knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="244 2047 391 2074">Provision (d):</p> <p data-bbox="244 2105 1461 2132">(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials</p>

pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The medical and mental health staff interviewed collectively indicated that residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent may be documented for a resident 18 years and older regarding reporting allegations of sexual abuse that did not occur in an institutional setting.

Provision (e):

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Facility Policy and practice provide that reports of allegations of sexual abuse will be made by the Assistant Director. Allegations of sexual abuse are also reported to the Shreveport Police Department and Louisiana Department of Children and Family Services, Child Protection Services; all related information will be provided to the investigative entity. Policy also provides for parents to be notified. The interview with the Executive Director confirmed if the resident is under the custody of the Louisiana Department of Children and Family Services, the case worker will be notified.

Provision (f): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The policy provides for all allegations to be reported to the Assistant Director. The allegation will receive an administrative investigation from one of the Assistant Directors. If the allegation is criminal in nature, the Assistant Director will report the allegation to the investigative entity authorized to conduct criminal investigations. Third-party and anonymous reports received must be reported and documented by staff as confirmed through staff interviews. The PREA Policy and interviews indicate that all allegations will be taken seriously and reported; the interviews are aligned with policy.

Conclusion:

The interviews with random staff, mental health and medical staff and other staff revealed their awareness of the requirements regarding their reporting duties. All staff interviewed acknowledged they are mandated reporters and random staff indicated that a written report must follow reported allegations or incidents as soon as possible. All allegations received, regardless of method, will be reported and investigated.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Grievance Forms</p> <p>Intake Assessment/Behavior Support Plan</p> <p>Victimization/Aggression Admission Screening</p> <p>Housing Assessment</p> <p>Interviews:</p> <p>Executive Director</p> <p>Random Staff</p> <p>PREA Coordinator</p> <p>§115.362 When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>The facility's PREA Policy requires staff to protect the residents through implementing protective measures. Administration of the vulnerability screening instrument, Victimization/Aggression Admission Screening, and the Housing Assessment provide information that assists and guide staff in keeping residents safe through housing and program assignments. Additional and supplemental instruments provide information which offer more insight and background in determining the risk level of each resident. The interviews of the random staff and Executive Director revealed protective measures include but are not limited to alerting supervisor, implementing close supervision, and separating the residents including moving to a different room or group home. The Executive Director and the random staff indicated the expectation is that any action to protect a resident would be taken immediately.</p> <p>Based on the interviews and review of grievance forms, there was no resident identified to be at substantial risk of imminent sexual abuse in the past 12 months. The interviews with the residents revealed that during the intake process they are asked about how they feel about their safety as part of the inquiries by staff completing paperwork. Screening instruments support the information provided by residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding agency protection duties.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Interview:</p> <p>Executive Director/Agency Head Designee</p> <p>Provisions (a), (b), (c), and (d):</p> <p>Provision (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, 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. Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Provision (c): The agency shall document that it has provided such notification. Provision (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Policy provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director/designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency. Notification is to be made no later than 72 hours after receiving the information and the notification must be documented as required by Policy. It is the responsibility of the receiving agency to ensure an investigation is completed as the Office of Juvenile Justice and Child Protection Services and the Shreveport Police Department if indicated. The Executive Director is familiar with policy and his responsibilities regarding such situation. In the past 12 months, there were no allegations of sexual abuse occurring at another facility, received by Rutherford House.</p> <p>Conclusion:</p> <p>Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard regarding reporting to other confinement facilities.</p>

115.364	Staff first responder duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed:</p> <p data-bbox="242 329 373 358">PREA Policy</p> <p data-bbox="242 387 360 416">Interviews:</p> <p data-bbox="242 445 384 474">Random Staff</p> <p data-bbox="242 504 1458 562">Provision (a): Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <ol data-bbox="242 591 1490 925" style="list-style-type: none"> <li data-bbox="242 591 676 620">(1) Separate the alleged victim and abuser; <li data-bbox="242 649 1262 678">(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; <li data-bbox="242 707 1490 801">(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and <li data-bbox="242 831 1458 925">(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p data-bbox="242 954 1485 1012">Policy and training provide that upon learning of an allegation that a resident was sexually abused the first security-level staff member to respond to the report shall be required to:</p> <ol data-bbox="242 1041 1466 1220" style="list-style-type: none"> <li data-bbox="242 1041 668 1070">a. Separate the alleged victim and abuser; <li data-bbox="242 1099 1254 1128">b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; <li data-bbox="242 1158 1466 1220">c. Depending on the time span regarding the collection of physical evidence, staff must request that the alleged victim not take any actions that could destroy physical evidence. <p data-bbox="242 1249 1477 1308">The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were no allegations or incidents where staff had to act as a first responder in the last 12 months.</p> <p data-bbox="242 1337 1461 1395">Provision (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p data-bbox="242 1424 1485 1525">The Policy provides that non-security staff who may act as a first responder would immediately alert security or program staff and take action to protect the resident. There were no allegations or incidents where a non-security staff member had to act as a first responder in the last 12 months.</p> <p data-bbox="242 1554 376 1583">Conclusion:</p> <p data-bbox="242 1612 1485 1671">Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding staff first responder duties and would respond accordingly, based on policy and training.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>PREA Coordinated Response to Sexual Abuse</p> <p>Interviews:</p> <p>Random Staff</p> <p>Executive Director</p> <p>§115.365: The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility has developed a written institutional plan to coordinate actions to be taken in response to sexual abuse. The format of the plan is a checklist which lists the protocols, in sections, to be followed by identified staff. The institutional plan is aligned with the information in the PREA Policy and the standard regarding the response to an allegation or incident of sexual abuse. It includes the involvement of identified staff members such as the first responder; supervisors; medical; mental health; and management. The checklist contains steps to take and staff to be encountered for the provision of services. The random staff interviewed were familiar with the roles regarding the response to an allegation of sexual abuse. The Executive Director is aware of the coordinated actions that would be implemented in response to an allegation or incident of sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The interviews with the Executive Director and the PREA Coordinator revealed that the facility is not responsible for collective bargaining agreements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Reviewed:

PREA Policy

Interview:

Assistant Director of Group Homes

Provision (a): The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

The policy provides the facility shall protect all residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The Executive Director is responsible for retaliation monitoring per the policy. The Assistant Director of Group Homes also monitors for the occurrence of retaliation and he does it under the auspices of the Executive Director. The interview with the Assistant Director confirmed he will monitor for retaliation and how it is conducted under the auspices of the Executive Director.

Provision (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Policy and interview demonstrate measures to protect staff and residents which are aligned with the measures in this provision such as:

- a. Initiating housing changes for resident victims or abusers;
- b. Re-assigning alleged staff to another group home to protect staff, witness or resident;
- c. Removing alleged abusers;
- d. Emotional support services for residents and staff through the Counselors at the facility or the MOU with Project Celebration, Inc.
- e. The Executive Director's "open door" policy to discuss such issues.

The Assistant Director confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, removing alleged abusers through suspension until the investigation is completed, and emotional support services.

Provision (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Policy provides that the monitoring of the conduct and treatment of residents or staff who reported the sexual abuse, and of residents, who were reported to have suffered sexual abuse, would occur for at least 90 days. It would be done to see if there are any changes that may suggest possible retaliation is occurring. The Assistant Director would act promptly to remedy the situation. The policy summarizes that the following would be monitored: demeanor and behavior of staff and residents; disciplinary reports; lack of progress; and program changes. The monitoring continues beyond ninety (90) days, if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit and no allegations of sexual abuse or sexual harassment.

Provision (d): In the case of residents, such monitoring shall also include periodic status checks.

The policy and the interview support that a status check is initiated with residents. It was determined that retaliation monitoring has not been indicated or required during the past 12 months.

Provision (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall

take appropriate measures to protect that individual against retaliation.

Policy considers other individuals who cooperate with an investigation if they express fear of retaliation from another resident or staff member. The Assistant Director indicated he would also take appropriate measures to protect that individual against retaliation.

Provision (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The facility's obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding agency protection against retaliation. It is concluded that if the facility were to have an incident of retaliation, protection measures would be employed and monitoring would occur as long as indicated.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>PREA Policy</p> <p>Interviews:</p> <p>Executive Director</p> <p>Assistant Director/Treatment Counselor</p> <p>§115.368: Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>Policy provides that residents are not isolated from others and observations revealed that no segregated housing is located on facility grounds. The interviews supported that segregation/isolation is not used at this facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of policy, interviews, and observations, the Auditor determined the facility is compliant with this standard regarding post-allegation protective custody, which is not used at this facility.</p>

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

PREA Policy

Letter to Law Enforcement

Interviews:

Assistant Director, Group Homes/Investigative Staff

Executive Director

Random Staff

Provision (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Policy #001 provides that all incidents of alleged sexual abuse or sexual harassment be adequately addressed through investigation. The facility and Louisiana Office of Juvenile Justice (OJJ) investigators conduct administrative investigations and allegations that are criminal in nature are investigated by the Shreveport Police Department; confirmed by policy and interviews with a facility-based investigator. The facility has two Assistant Directors and both are responsible for conducting administrative investigations .

Provision (b) and (c):

Provision (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. **Provision (c):** Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The Auditor reviewed the training certificates for the facility-based investigators and the interview was aligned with the training and the standard. The two investigators for the facility are the Assistant Directors. Both have Certificates of Completion of the online course, PREA: Investigating Sexual Abuse in a Confinement Setting provided by the National Institute of Corrections.

Provision (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Policy provides that no investigation is terminated solely because the source of the allegation recants the allegation. The interview with the Assistant Director of Group Homes confirm this practice.

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

The facility and OJJ investigators do not conduct investigations that are criminal in nature; such investigations are conducted by the Shreveport Police Department

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

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff, in accordance with policy, training and the interview. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation, also according to the PREA Policy and interview.

Provisions (g) and (h):

Provision (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. **Provision (h):** Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Previous administrative investigations and the interview with the investigative staff indicate an effort to determine whether staff actions or failures to act contributed to the abuse, in accordance with policy. All investigations are completed with written reports as referred in the provisions and include a description of the physical and testimonial evidence and investigative facts and findings. There were no allegations of sexual abuse or sexual harassment during this audit period.

Provision (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The policy provides that all allegations that are criminal in nature are referred to the Shreveport Police Department. The responsibility to refer for prosecution lies with the Shreveport Police Department.

Provision (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The PREA policy addresses this standard provision. Investigative reports are maintained for 10 years.

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

The policy provides that upon the start of an investigation, it will not end until the investigation has been completed. The interview with the investigator support the policy and standard provision.

Provision (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The investigative agencies are aware of the PREA standards requirements. A standard letter is sent to the Shreveport Police Department by the PREA Coordinator requesting the Department to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The letter references protocols developmentally appropriate for youth. It is recommended that the letter be placed on facility letterhead.

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

The interviews indicate that staff cooperate with outside investigators. Facility leadership will remain informed about the progress of an investigation through a good working relationship. The OJJ provides to the facility a completed form, following its conclusion of an investigation.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding criminal and administrative agency investigations.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Training Certificates</p> <p>Interview:</p> <p>Assistant Director of Group Homes/Investigative Staff</p> <p>§115.372: The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The policy provides the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the investigative staff was aligned with the policy and provision of the standard. The interview revealed that a preponderance of the evidence is required to substantiate an allegation of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the policy, training documentation and interviews, the Auditor determined the facility is compliant with this standard regarding the evidentiary standard for administrative investigations.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Reviewed:

PREA Policy

Interviews:

Assistant Director, Group Homes/Investigative Staff

PREA Coordinator

Executive Director

Provision (a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The policy addresses the resident being informed when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The resident is informed of the results of an investigation by one of the Assistant Directors. The Executive Director, Assistant Directors and PREA Coordinator remain abreast of an investigation conducted by any of the investigative entities. Previous documentation beyond this audit period, demonstrate that a resident will be informed in writing regarding the results of an investigation.

Provision (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

The Executive Director, Assistant Directors and PREA Coordinator remain abreast of an investigation conducted by the Office of Juvenile Justice. Documentation is provided on the Information to Facility/PREA Notification Form. The other investigative entities will also keep the leadership team informed of the investigation progress as confirmed by the interviews. There were no sexual abuse or sexual harassment investigations completed by the Shreveport Police Department or other investigative entity during this audit period due to no allegations being made.

Provision (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

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

Facility policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

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

Provision (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

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

The policy provides that following a resident's allegation that he has been sexually abused by another resident the alleged

victim shall be subsequently informed whenever:

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

Provision (e): All such notifications or attempted notifications shall be documented.

The policy provides that all such notifications or attempted notifications be documented. There have not been any allegations of sexual abuse or sexual harassment during this audit period.

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

The policy provides that the facility's obligation to report under this standard terminates if the resident is released from the facility's custody.

Conclusion:

The interviews with the staff confirmed the policy requirements and their knowledge of the process of reporting to a resident regarding the outcomes of investigations. Based on the review and analysis of the available documentation and interviews, the Auditor determined the facility is compliant with this standard.

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 474 300">Document Reviewed:</p> <p data-bbox="242 360 373 389">PREA Policy</p> <p data-bbox="242 421 352 450">Interview:</p> <p data-bbox="242 479 427 508">Executive Director</p> <p data-bbox="242 537 1433 595">Provision (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 624 1485 683">Policy provides that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. There have been no disciplinary sanctions applied to staff during this audit period.</p> <p data-bbox="242 712 1409 741">Provision (b): Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p data-bbox="242 770 1490 828">Policy provides that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident.</p> <p data-bbox="242 857 1481 956">Provision (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 985 1493 1084">Policy provides that disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1113 1469 1211">Provision (d): 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, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1240 1477 1339">Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies will be reported to law enforcement, unless the activity is clearly not criminal. In addition, it shall be reported to a relevant licensing body. No staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies.</p> <p data-bbox="242 1368 376 1397">Conclusion:</p> <p data-bbox="242 1426 1469 1485">Based upon the review of Policy and interviews, the Auditor determined the facility is compliant with this standard regarding disciplinary sanctions for staff.</p>

115.377	<p data-bbox="231 71 1508 127" style="text-align: center;">Corrective action for contractors and volunteers</p> <p data-bbox="231 127 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 190 1508 253">Auditor Discussion</p> <p data-bbox="231 253 1508 315">Document Reviewed:</p> <p data-bbox="231 315 1508 378">PREA Policy</p> <p data-bbox="231 378 1508 441">Interviews:</p> <p data-bbox="231 441 1508 504">Executive Director</p> <p data-bbox="231 504 1508 566">Human Resource Manager</p> <p data-bbox="231 566 1508 629">Provision (a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p data-bbox="231 629 1508 853">Policy provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies. Training records revealed the facility provides contractors a clear understanding that sexual misconduct with a resident is prohibited. The training is acknowledged through a signed statement maintained in the personnel file and was acknowledged during the interviews. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor. There are no volunteers providing services in the facility at this time.</p> <p data-bbox="231 853 1508 965">Provision (b): The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="231 965 1508 1122">The facility will take the appropriate remedial measures, and consider whether to prohibit further contact with residents and based on the outcome of the investigation, as inferred by interviews and policy. In the past 12 months, no contractors or volunteers were reported for allegations of sexual abuse or sexual harassment. There are no volunteers in the facility at this time.</p> <p data-bbox="231 1122 1508 1184">Conclusion:</p> <p data-bbox="231 1184 1508 1288">Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding corrective action for contractors and volunteers.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 485 297">Documents Reviewed:</p> <p data-bbox="242 327 373 353">PREA Policy</p> <p data-bbox="242 383 531 409">Parent and Resident Manual</p> <p data-bbox="242 439 405 465">PREA Brochure</p> <p data-bbox="242 501 360 528">Interviews:</p> <p data-bbox="242 557 429 584">Executive Director</p> <p data-bbox="242 613 850 640">Assistant Director/Treatment Counselor - Mental Health Staff</p> <p data-bbox="242 672 1489 766">Provision (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="242 795 1481 925">The PREA Policy provides that dealing with rule violations and disciplinary sanctions are pursuant to an administrative hearing. According to the interviews and documents, sanctions are directly related to the seriousness of the negative behavior which includes demotion within the behavior management system. There has not been an incident of sexual abuse during the past 12 months.</p> <p data-bbox="242 954 1489 1149">Provision (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="242 1178 1497 1308">The PREA Policy and the Parent and Resident Manual consider that disciplinary sanctions are 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. Isolation of a resident is not used at this facility and is prohibited by the licensing authority.</p> <p data-bbox="242 1337 1489 1397">Provision (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="242 1426 1481 1520">The disciplinary and other processes within the program consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Executive Director.</p> <p data-bbox="242 1550 1473 1711">Provision (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.</p> <p data-bbox="242 1740 1489 1904">The facility would consider whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation, based on the interview with the Assistant Director. Specialized counseling is also provided offsite if it is determined the additional treatment is needed. The facility may require participation in such interventions as a condition of access to privileges if the resident is totally non-compliant, but not as a condition to access general programming or education.</p> <p data-bbox="242 1933 1461 1993">Provision (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="242 2022 1449 2083">The PREA Policy provides that the facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="242 2112 1469 2139">Provision (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable</p>

belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The practice is that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The policy supports this premise.

Provision (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Policy prohibits any sexual conduct between residents; all such conduct is subject to disciplinary action. Referrals are made to the investigative entities and court processes occur when it is determined the sexual activity was coerced.

Conclusion:

There have been no administrative or criminal findings of resident-on-resident sexual abuse or sexual harassment in the past 12 months. Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding interventions and disciplinary sanctions for residents.

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed:</p> <p data-bbox="242 327 373 356">PREA Policy</p> <p data-bbox="242 385 360 414">Interviews:</p> <p data-bbox="242 474 1201 504">Assistant Director/Treatment Counselor-Mental Health and Staff Responsible for Risk Screening</p> <p data-bbox="242 533 421 562">Medical Assistant</p> <p data-bbox="242 591 426 620">Nurse Practitioner</p> <p data-bbox="242 649 472 678">Provision (a) and (b):</p> <p data-bbox="242 705 1490 902">Provision (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Provision (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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p data-bbox="242 929 1474 1126">The Policy provides that residents who indicate during initial screening being a victim or perpetrator of sexual abuse, will be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. The Assistant Director/Treatment Counselor that conducts the screening for risk of victimization and abusiveness indicated the meeting is held within approximately five days which is also verified by documentation. The facility receives paperwork on a youth prior to their arrival to the facility and this information is included in the packet and the Assistant Director is familiar with much of the background information regarding a youth.</p> <p data-bbox="242 1153 1490 1283">Provision (c): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p data-bbox="242 1310 1490 1440">The PREA Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to Program Directors, Counselors and housing staff, as necessary, to make effective management decisions. The Auditor observed the resident files maintained in a secure manner, locked file cabinets in a lockable office.</p> <p data-bbox="242 1467 1490 1565">Provision (d): Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p data-bbox="242 1592 1490 1691">Informed consent would be obtained from residents 18 years of age and over before reporting information about prior sexual victimization that did not occur in an institutional setting. Documentation of informed consent would be included in the resident's record.</p> <p data-bbox="242 1718 376 1747">Conclusion:</p> <p data-bbox="242 1774 1490 1836">Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding medical and mental health screenings, and history of sexual abuse.</p>

115.382 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Reviewed:

PREA Policy

Interviews:

Medical Assistant

Nurse Practitioner

Assistant Director/Treatment Counselor

Executive Director

Oschner-Louisiana State University Health Representative

Provision (a): Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Policy supports that the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services and advocacy services. The victim would be transported to the Oschner-University Health emergency room for a forensic medical examination, at no cost to the victim. The interviews revealed the medical and mental health services are determined according to the professional judgment of the practitioner on site at the facility. The interview with the Director of Nursing confirmed the emergency services that would be accessible at Oschner-Louisiana State University Health and provided by qualified medical personnel.

Residents are informed of clinical services during the intake process. Documents demonstrate residents' general access to medical services onsite as well as medical appointments offsite. The residents have access to request forms on their living units. Residents are provided access to an outside victim advocacy agency, Project Celebration Inc. Services include but are not limited to emotional support, hospital advocacy and accompaniment through the investigative interviews and forensic medical examination. Observations and a review of documents revealed that medical and mental health staff members maintain secondary materials and documentation of resident encounters. There have been no incidents of sexual abuse during this audit period. During such an emergency, facility medical and mental health staff may be contacted by telephone.

Provision (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. The policy and written coordinated response plan provide guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. A review of the written plan; observations of the interactions among residents and medical and mental health practitioners; and the interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

Provision (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Policy and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff. Services are also available to the residents by the Caddo Parrish Health Unit. The facility houses males only.

Provision (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Policy provides that treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser, or cooperates with any investigation arising out of the incident. This was also

confirmed through staff interviews.

Conclusion:

Policy and interviews revealed emergency services will be provided by facility medical and mental health staff as well as outside services as needed. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an allegation or incident of sexual abuse. Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding access to emergency medical and mental health services.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Reviewed:

PREA Policy

Interviews:

Assistant Director/Treatment Counselor

Medical Assistant

Nurse Practitioner

Executive Director

Provision (a): The facility shall 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.

The policy requires that a medical and mental health evaluation and treatment be offered to resident victims of sexual abuse. The policy and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate.

Provision (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate. Follow-up services for victims will include but not be limited to counseling and adjusted treatment plan; medication management where indicated; physician services as needed; and referrals for community services as needed.

Provision (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Staff interviews and observations revealed medical and mental health services are consistent with the community level of care.

Provision (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

The facility does not house female residents.

Provision (e): If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The facility does not house female residents.

Provision (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Follow-up services will be conducted at the facility, as needed, based on policy and interviews. Services are also accessible through the Caddo Parrish Health Unit, according to the PREA Policy.

Provision (g): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

All treatment services will be provided at no cost to the victim, according to Policy and interviews.

Provision (h): The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The mental health staff interview supported that attempts are to be made for a mental health practitioner to conduct a mental health evaluation within the required time period on all known resident-on-resident abusers and offer appropriate treatment.

The policy provides for 60 days. Services will include but not be limited to individual, group and family counseling onsite and offsite as indicated.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 300">Documents Reviewed:</p> <p data-bbox="240 327 373 356">PREA Policy</p> <p data-bbox="240 385 360 414">Interviews:</p> <p data-bbox="240 441 748 470">PREA Coordinator/Incident Review Team Member</p> <p data-bbox="240 499 429 528">Executive Director</p> <p data-bbox="240 557 1449 651">Provision (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p data-bbox="240 680 1473 842">Policy requires a sexual abuse incident review to be conducted at the conclusion of every sexual abuse investigation. It is understood and the policy supports that this occurs also if the allegation has not been substantiated, unless the allegation has been deemed to be unfounded. A review of policy and the interviews confirmed incident reviews will be conducted regarding the investigation of allegations of sexual abuse. There were no allegations of sexual abuse or sexual harassment during this audit period.</p> <p data-bbox="240 871 1256 900">Provision (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 929 1461 1023">The policy requires that the review occurs within 30 days of the conclusion of an investigation. The PREA Coordinator confirmed incident reviews will occur within 30 days of the conclusion of an investigation in accordance with the policy and standard.</p> <p data-bbox="240 1052 1358 1115">Provision (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1144 959 1173">The policy identifies the incident review team members as the following:</p> <p data-bbox="240 1202 435 1232">Executive Director;</p> <p data-bbox="240 1261 440 1290">Assistant Directors;</p> <p data-bbox="240 1319 435 1348">Program Directors;</p> <p data-bbox="240 1377 501 1406">Mental Health Counselor;</p> <p data-bbox="240 1435 376 1464">Medical Staff</p> <p data-bbox="240 1494 424 1523">Investigative Staff</p> <p data-bbox="240 1552 1449 1608">The interview with the PREA Coordinator confirmed the policy requirement. Input would be obtained from the appropriate staff as required.</p> <p data-bbox="240 1637 624 1666">Provision (d): The review team shall:</p> <ol data-bbox="240 1695 1484 2145" style="list-style-type: none"> <li data-bbox="240 1695 1484 1753">(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; <li data-bbox="240 1783 1473 1883">(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; <li data-bbox="240 1912 1484 1971">(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; <li data-bbox="240 2000 1002 2029">(4) Assess the adequacy of staffing levels in that area during different shifts; <li data-bbox="240 2058 1409 2087">(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and <li data-bbox="240 2116 1461 2145">(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)

(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interviews, review of policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including:

- considering the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex, and other group dynamics;
- assessment of the area relative to the allegations; and,
- adequacy of staffing.

The policy supports documentation of the meeting, including recommendations and the document is provided to the Executive Director and PREA Coordinator. The interviews and policy confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. The incident review team will consider all factors required by the standard.

Provision (e): The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The policy indicates the administration will implement the recommendations for improvement, or will document its reasons for not doing so. The Executive Director and PREA Coordinator are familiar with this policy requirement. No incident review team meetings were held during this audit period due to no allegations of sexual abuse.

Conclusion:

Based upon the Policy and interviews, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed:</p> <p data-bbox="242 327 373 356">PREA Policy</p> <p data-bbox="242 418 932 448">Louisiana Office of Juvenile Justice (OJJ) 2021 Annual PREA Report</p> <p data-bbox="242 477 360 506">Interviews:</p> <p data-bbox="242 533 430 562">PREA Coordinator</p> <p data-bbox="242 589 427 618">Executive Director</p> <p data-bbox="242 647 1474 775">Provisions (a) & (c): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, 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.</p> <p data-bbox="242 804 1485 931">The policy and OJJ provide for the collection of accurate, uniform data for every allegation of sexual abuse from incident-based documents. A review of the agency's collection of data instrument and the facility's maintenance of data demonstrates that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (currently known as Survey of Sexual Victimization) conducted by the U. S. Department of Justice.</p> <p data-bbox="242 960 1230 990">Provision (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 1019 1436 1115">Policy and review of the annual report and data gathering instruments and other documents confirm the agency collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment the applicable State run and contract facilities.</p> <p data-bbox="242 1144 1469 1205">Provision (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 1234 1493 1330">The facility maintains and collects various types of identified data and related documents regarding PREA and provides the information to the OJJ. The facility collects and maintains data in accordance with agency and facility policies and aggregates the data which culminates into an annual report compiled and posted online by the OJJ.</p> <p data-bbox="242 1359 1433 1420">Provision (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p data-bbox="242 1449 1401 1509">The OJJ maintains aggregated data from every private facility it contracts with for the confinement of its residents as confirmed by the PREA Coordinator and the OJJ 2021 Annual PREA Report.</p> <p data-bbox="242 1538 1452 1599">Provision (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="242 1628 1469 1688">Policy states that upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="242 1718 376 1747">Conclusion:</p> <p data-bbox="242 1812 1485 1872">Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard regarding data collection.</p>

115.388	<p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Louisiana Office of Juvenile Justice (OJJ) Annual PREA Report</p> <p>Interviews:</p> <p>Executive Director</p> <p>PREA Coordinator</p> <p>Provisions (a)-(d) Findings:</p> <p>The facility's policy supports the review of data collected and aggregated in order to improve the PREA efforts. The interviews revealed the collected and aggregated data is reviewed to assess and improve the effectiveness of the PREA related initiatives by identifying problem areas; developing and implementing corrective actions where needed; and preparing an annual report based on the collected data. The interviews supported the provisions of the policy and the standard.</p> <p>The policy indicates an annual report will be prepared that will provide information regarding the facility's corrective actions in addressing sexual abuse. The annual report is approved as required by policy, per the interviews and a review of the report. The annual report reflects a comparison of data and the results of annual data. The agency's annual report has been reviewed and the report is accessible to the public through the agency's website. The OJJ Annual Report contains comparative data for the last three years. There are no personal identifiers in the annual report.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard regarding data review for corrective action.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Policy</p> <p>Annual Report</p> <p>Interviews:</p> <p>Executive Director</p> <p>PREA Coordinator</p> <p>Provisions (a)-(d) Findings:</p> <p>Policy provides that all data collected is securely stored and maintained for at least 10 years after the initial collection date. The aggregated sexual abuse data is available to the public through the agency's website. A review of the annual reports verified there are no personal identifiers. PREA related documentation is securely stored.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard regarding data storage, publication, and destruction.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 450">The second PREA audit was conducted in 2019. The agency is fulfilling the current auditing requirement with the completion of this third PREA audit for the facility. The staff provided the Auditor with the required documentation mandated by the standards and the auditing process. A comprehensive site review was provided to the Auditor during the Onsite Audit Phase and additional documentation was reviewed. The PREA Coordinator and other staff members were cooperative in providing additional documentation as requested.</p> <p data-bbox="229 450 1509 672">The Executive Director and PREA Coordinator provided appropriate work space which included conditions for conducting interviews in private with residents and staff. The posted notices regarding the audit were observed in the facility buildings, accessible to residents; staff; visitors; and contractors. The notices provided directions and contact information informing those who wanted to contact the Auditor of how to do so. The printed audit notice was duplicated and placed on the facility's website which popped up as soon as the webpage was opened. A process for confidential correspondence exists however no correspondence was received by the Auditor.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This facility was previously audited in 2019 and the Auditor confirmed the audit report was posted on the website. The report does not contain any personal identifying information and there were no noted conflicts of interest regarding the completion of this audit. The facility's policies and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies, procedures, supporting documentation, observations, and interviews. The interviews were conducted with residents, staff, contractors, and community providers.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

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

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

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

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

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes