

# PREA Facility Audit Report: Final

**Name of Facility:** Boys Village

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/25/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert B. Latham	<b>Date of Signature:</b> 08/25/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Latham, Robert
<b>Email:</b>	robertblatham@icloud.com
<b>Start Date of On-Site Audit:</b>	07/07/2022
<b>End Date of On-Site Audit:</b>	07/08/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Boys Village
<b>Facility physical address:</b>	7378 Highway 90 East, Lake Charles, Louisiana - 70615
<b>Facility mailing address:</b>	7378 HIGHWAY 90 E, LAKE CHARLES, Louisiana - 70615-4803

Primary Contact	
<b>Name:</b>	Eric Daigle
<b>Email Address:</b>	eric.bgvillages@gmail.com
<b>Telephone Number:</b>	(337) 436-7553

Superintendent/Director/Administrator	
<b>Name:</b>	Mayance J. Mathieu
<b>Email Address:</b>	BGVMax@hotmail.com
<b>Telephone Number:</b>	(337) 436-7553

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

Facility Characteristics	
<b>Designed facility capacity:</b>	46
<b>Current population of facility:</b>	24
<b>Average daily population for the past 12 months:</b>	22
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12 - 17 years with certain stipulations for 18 - 20 in rare cases
<b>Facility security levels/resident custody levels:</b>	Non-secure/Approved for Non-Secure Placement by Juvenile Courts
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	32
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	7
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	Boys and Girls Village Foundation
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	7378 Highway 90 East, Lake Charles, Louisiana - 70615
<b>Mailing Address:</b>	
<b>Telephone number:</b>	3374367553

Agency Chief Executive Officer Information:	
<b>Name:</b>	Mayance J. Mathieu
<b>Email Address:</b>	bgvmax@hotmail.com
<b>Telephone Number:</b>	(337) 436-7553

**Agency-Wide PREA Coordinator Information****Name:** Eric Daigle**Email Address:** eric.bgvillages@gmail.com**SUMMARY OF AUDIT FINDINGS**

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

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

**Number of standards exceeded:**

1

- 115.351 - Resident reporting

**Number of standards met:**

42

**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:	2022-07-07
2. End date of the onsite portion of the audit:	2022-07-08

### 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:	Just Detention International Louisiana Office of Juvenile Justice Oasis A Safe Haven

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	46
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	4
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:	28
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:	8
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:	1

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:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	32
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:	7
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	4
54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input 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
If "Other," describe:	No text provided.
55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	Residents from each of the three open housing units were interviewed.
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.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> 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

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>1</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:	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.
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).	Corroboration strategies included discussions with staff and interviews with residents.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
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)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender, race, ethnicity, and languages spoken were considered.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes  <input type="radio"/> 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):	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	

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.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	10
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><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</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>There were no active volunteers. The contract education staff was on summer break.</p>

**SITE REVIEW AND DOCUMENTATION SAMPLING**

## Site Review

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

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

Yes

No

**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)?

Yes

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)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

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.

## Documentation Sampling

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

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

Yes

No

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

No text provided.

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

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	0
<b>Total</b>	2	0	2	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
<b>Total</b>	0	0	0	0	0

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	2	0
<b>Total</b>	0	0	2	0

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

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

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <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) </p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

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

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

<p>121. Who paid you to conduct this audit?</p>	<ul style="list-style-type: none"><li><input checked="" type="radio"/> The audited facility or its parent agency</li><li><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)</li><li><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</li><li><input type="radio"/> Other</li></ul>
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## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 333"><b>Documents:</b></p> <ol data-bbox="242 338 1134 465" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. NIC Certificate: PREA Coordinators' Roles and Responsibilities</li> <li>3. Boys Village Organizational Chart</li> <li>4. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 499 352 528"><b>Interview:</b></p> <ol data-bbox="242 533 456 562" style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p data-bbox="242 589 528 618"><b>Site Review Observations:</b></p> <p data-bbox="242 622 759 651">Observations during on-site review of physical plant</p> <p data-bbox="242 678 507 707"><b>Findings (By Provision):</b></p> <p data-bbox="242 712 360 741"><b>115.311 (a)</b></p> <p data-bbox="242 745 1469 943">PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="242 969 1477 1133">Boys Village has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment (p. 1). The policy outlines how the facility will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment (pp. 1-6), sanctions for those found to have participated in prohibited behaviors (pp. 27-28), and a description of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="242 1160 360 1189"><b>115.311 (b)</b></p> <p data-bbox="242 1193 1453 1290">PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.</p> <p data-bbox="242 1317 1493 1379">Policy (p. 1) The Boys Village Quality Assurance Director is designated as the PREA Coordinator and will have sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards.</p> <p data-bbox="242 1406 1453 1503">Boys Village has designated 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. The position of the PREA Coordinator is identified in the facility's organizational structure as the Quality Assurance Director.</p> <p data-bbox="242 1529 1485 1626">The PREA Coordinator reported having enough time to manage all his PREA-related responsibilities and effectively communicated how he coordinates the facility's efforts to comply with the PREA standards. The PREA Coordinator reports to the Executive Director.</p> <p data-bbox="242 1653 360 1682"><b>115.311 (c)</b></p> <p data-bbox="242 1686 711 1715">PAQ: There is no PREA Compliance Manager.</p> <p data-bbox="242 1742 376 1771"><b>Conclusion:</b></p> <p data-bbox="242 1776 1437 1872">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.</p>

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.312 (a) N/A</b> Boys Village does not contract with other entities for the confinement of residents.</p> <p><b>115.312 (b) N/A</b> Boys Village does not contract with other entities for the confinement of residents.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.313

**Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)
2. Staffing Plan
3. 2022 Staffing Plan Review
4. Unannounced Rounds
5. Boys Village Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Superintendent or Designee (Quality Assurance Director)
2. PREA Coordinator
3. Intermediate or Higher-Level Facility Staff

**Site Review Observations:**

Observations during onsite review of facility

**115.313 (a)**

PAQ: Since the 2017 PREA audit:

1. The average daily number of residents: 25
2. The average daily number of residents on which the staffing plan was predicated: 34

Policy (pp. 6-7) Boys Village shall develop, document, and comply with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Boys Village policies and procedures will be taken into consideration, and:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from federal investigative agencies;
- Any findings of inadequacy from internal or external oversight agencies;
- All components of the unit's physical plant, including "blind spots" or areas where staff or residents may be isolated;
- The composition of the resident population;
- The number and placement of supervisory staff;
- Institutional programs occurring on a particular shift;
- Any applicable state or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors that could impact the safety and security of the building.

The Quality Assurance Director/PREA Coordinator stated adequate staffing levels to protect resident against sexual abuse is considered in the staffing plan. The facility adheres to a 1:6 ratio during the day and 1:12 ratio during sleeping hours. Video monitoring is part of the plan. He checks for compliance with the staffing plan through regular contact with the Director of Operations, checking logs for staff signature to indicate correct ratios are maintained, conducting unannounced rounds, and reviewing video footage.

The auditor reviewed the staffing plan. The staffing plan is fully compliant with the standard provision requirements.

**115.313 (b)**

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. There have been no deviations from plan.

Policy (p. 7) Boys Village shall comply with the staffing plan, except during limited and discrete exigent circumstances. Staff will fully document if an exigent circumstance occurred which resulted in a deviation from the staffing plan.

The Quality Assurance Director stated the facility would document all instances of non-compliance with the staffing plan. The documentation would include explanations for non-compliance.

**115.313 (c)**

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:6 during resident waking hours. The facility maintains staff ratios of a minimum of 1:12 during resident sleeping hours.

In the past 12 months:

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

Policy (p. 7) Staffing requirements will meet LA DCFS Licensing standards.

- One direct care staff for every 6 residents when residents are present and awake; and
- One direct care staff for every 12 residents when residents are present and participating in rest time (10 p.m. to 6 a.m.).
- At least one staff person shall be on call in case of an emergency.

The Quality Assurance Director confirmed the facility is obligated the Louisiana Department of Children and Family Services licensing standards to maintain staffing ratios. The ratios are 1:6 during waking hours and 1:12 during sleeping hours. He ensures the facility maintains appropriate staffing ratios through the staff supervisors being on call to ensure ratios are met.

**PREA Site Review:**

During the onsite review of the facility, the auditor observed supervision was compliant with required staffing ratios in the living units and maintenance building. School was not in session due to summer recess.

**115.313 (d)**

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

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

Policy (pp. 7-8) The Boys Village staffing plan will be reviewed at least annually, or whenever necessary, by a panel of facility administrators including the Executive Director, Director of Operations, Clinical Director, Personnel Director, and Case Managers in collaboration with the PREA Compliance Manager/Quality Assurance Director. The staffing plan will also be provided to the PREA Coordinator at least annually. The staffing plan review will be documented and recommendations for modification to the staffing plan will be implemented as applicable and appropriate. For compliance with PREA, the staffing plan review must consider:

- Prevailing staffing patterns;
- Additional deployments of video monitoring systems and other monitoring technologies;
- Additional resources the facility has available to commit to ensure adherence to the staffing plan;
- Modifications made from incident review recommendations; and
- Any other changes made or that are necessary.

The PREA Coordinator stated he is consulted regarding any assessments of, or adjustments to, the staffing plan for the facility. He confirmed staffing plan assessments occur annually. The auditor observed staffing plan review for 2022. The staffing plan review is fully compliant with the standard provision requirements.

**115.313 (e)**

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

Policy (p. 8) Staff Supervisors will conduct and document unannounced rounds into each of the housing units at least once per month on the 1st (6:00a-2:00p), the 2nd (2:00p-10:00p) and the 3rd (1 0p-6a) shifts to identify and deter staff sexual abuse and harassment.

- Staff will not be alerted to the unannounced unscheduled rounds. Furthermore, staff is prohibited from alerting other staff members that these supervisory rounds are occurring, unless it is necessary to carry out a legitimate facility function.
- Any unusual events or observations made during the performance of an unannounced round must be documented on an Unusual Occurrence Report.

The shift supervisor stated she has conducted unannounced rounds, the rounds are documented, and she prevents staff from alerting other staff that she is conducting unannounced rounds by not announcing when she is conducting the unannounced rounds.

The auditor observed unannounced rounds for the 12-month audit period, covering all three shifts. The unannounced rounds are documented with the Supervisor Monitoring Log form. The form includes an area for staff to indicate if staff alerted other staff of the unannounced rounds.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is not fully compliant with this standard regarding supervision and monitoring. No corrective action is required.



115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Cross-Gender, Transgender, and Intersex Search Procedure Training Curriculum</li> <li>3. Searches Training Records</li> <li>4. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> <li>2. Random sample of Residents</li> <li>3. Non-Medical Staff (involved in cross-gender strip or visual searches)</li> <li>4. Transgender or Intersex Residents</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during onsite review of facility</p> <p><b>Findings (By Provision):</b></p> <p><b>115.315 (a)</b></p> <p>PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0</li> <li>2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0</li> </ol> <p>Policy (p. 8) Boys Village will not conduct body cavity searches or cross-gender strip searches on any youth under any circumstances.</p> <p>The Director of Operations stated cross-gender strip searches and visual body cavity searches would not occur at Boys Village.</p> <p><b>115.315 (b)</b></p> <p>PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of cross-gender pat-down searches of residents: 0</li> <li>2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0</li> </ol> <p>Policy (p. 8) Pat-down searches may be used in situations where a client is suspected of carrying weapons or contraband. Strip searches may be conducted only in special circumstances, and only if authorized by the Executive Director. All cross-gender searches will be conducted only in exigent circumstances.</p> <p>Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search.</p> <p><b>115.315 (c)</b></p> <p>PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.</p> <p>Policy (p. 8) Boys Village shall document and justify all cross-gender searches on an Unusual Occurrence Report.</p> <p><b>115.315 (d)</b></p> <p>PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>Policy (pp. 8-9) All residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing private body parts, except in exigent circumstances, or when such viewing is incidental to routine</p>

room checks.

Unless there is an exigent circumstance, staff of the opposite gender entering a resident's bedroom will announce their presence. This includes areas where youth are likely to be showering, performing bodily functions, or changing clothes. Staff will document on an Unusual Occurrence Report and the cottage log if an exigent circumstance occurred.

Staff interviews confirmed staff announce their presence before entering a resident's bedroom. Residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Resident interviews confirmed staff announce their presence when entering a housing area or any area where residents shower, change clothes, or perform bodily functions. No resident interviewed stated a staff member of the opposite gender has ever performed a pat down search of their body.

The auditor was unable to observe opposite gender announcements. During the site review residents were in the dayroom in each house. The auditor observed residents in the houses are able to shower, perform bodily functions, and change clothing without being viewed by non-medical staff of the opposite gender.

**115.315 (e)**

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

Policy (p. 9) Staff 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 broader medical examination conducted by the contract medical staff.

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

There were no transgender or intersex residents identified during the onsite phase of the audit.

**115.315 (f)**

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

Policy (p. 9) Staff shall be appropriately trained on PREA protocol for conducting cross-gender pat-down searches and searches of transgender and intersex youth at hire, and again during annual training sessions.

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. The auditor observed the searches training curriculum and staff training records demonstrating the training has been received.

**Conclusion:**

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

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)
2. PREA Pamphlet (English and Spanish)
3. PREA Posters (English and Spanish)
4. MOU: Foreign Language Interpreting Services
5. Agreement: Sign Language Interpreting Services
6. Equal Opportunity and Effective Communication Statement
7. Training Records
8. Boys Village Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Agency Head or Designee (Executive Director)
2. Random Sample of Staff
3. Residents (with disabilities or who are limited English proficient)

**Site Review Observations:**

Observations during onsite review of facility

**Findings (By Provision):**

**115.316 (a)**

PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy (p. 9) Boys Village will ensure that residents who are admitted with disabilities (physical or mental) or limited English proficiencies will be instructed on Boys Village's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by providing translated copies of resident's rights, grievance procedures, PREA Policy and PREA Pamphlets addressing zero tolerance. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Boys Village's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Executive Director confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor observed the interpreter agreement for American Sign Language. The facility ensures 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. The facility provided a detailed statement that case managers would read written materials to residents as needed.

The auditor interviewed three residents with disabilities. One resident had low vision, one resident had a psychiatric disability, and one had a speech disability. All three residents stated they were able to understand the PREA pamphlet and did not require assistance.

**115.316 (b)**

PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy (p. 9) Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters may be provided through available local community resources, as well as telephone communication for translation purposes. When that need arises, the case manager will submit a request for procurement of the necessary translators.

The auditor observed the interpreter agreement for foreign language interpreters. PREA posters and pamphlets are available in English and Spanish.

The auditor interviewed three residents with disabilities. One resident had low vision, one resident had a psychiatric disability, and one had a speech disability. All three residents stated they were able to understand the PREA pamphlet and did not require assistance.

**115.316 (c)**

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations:  
0

Policy (p. 9) Residents may not serve as interpreters, readers or assistants to other residents except in circumstances where a delay in obtaining an effective interpreter would compromise the resident's safety or the performance of first responder duties.

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

The auditor interviewed three residents with disabilities. One resident had low vision, one resident had a psychiatric disability, and one had a speech disability. All three residents stated they were able to understand the PREA pamphlet and did not require assistance.

**Conclusion:**

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

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. PREA Employment Questionnaire</li> <li>3. Criminal Background Record Checks</li> <li>4. Child Abuse Registry Clearances</li> <li>5. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Consideration of incidents of sexual harassment (July 15, 2022)</li> <li>2. Employment verification for contacting all prior institutional employers (July 15, 2022)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Administrative (Human Resources) Staff</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.317 (a)</b></p> <p>PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> <li>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);</li> <li>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;</li> <li>3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</li> </ol> <p>Policy (p. 10) Boys Village shall not hire or promote any employees, nor enlist the services of any contractor who may have contact with residents who meets any of the following criteria:</p> <ul style="list-style-type: none"> <li>• Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or program;</li> <li>• Has been convicted of engaging or attempting to engage in sexual activity on 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;</li> <li>• Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses.</li> </ul> <p>The auditor reviewed PREA Employment Questionnaires for new hires. They are asked about the misconduct required by the standard provision.</p> <p><b>115.317 (b)</b></p> <p>PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>Policy (p. 10) Boys Village shall consider any incidents of sexual harassment in the hiring, promotion, and evaluation of employees, or when enlisting the services of any contractor who may have contact with the residents. This is accomplished through the use of a questionnaire, as well as background checks, reference checks, and criminal checks.</p> <p>As part of corrective action, the facility updated the PREA Employment Questionnaire to include consideration if incidents of sexual harassment (July 15, 2022).</p> <p><b>115.317 (c)</b></p> <p>PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of persons hired who may have contact with residents who have had criminal background record checks: 19</li> </ol> <p>Policy (pp. 10-12) Boys Village follows Louisiana DCFS Licensing Standards regarding hiring and employment practices. Background checks are conducted on all new applicants, contractors and volunteers prior to having contact with residents at</p>

the facility.

Prior to hiring new employees/contractors/volunteers who may have contact with residents a Louisiana State Police fingerprint based criminal background check shall be conducted in the manner required by R.S. 15:587.1 and 46:51.2.

In accordance with R.S. 1414.1, an inquiry of the state central registry (CANS) for all staff (employees, contractors and volunteers) shall be conducted prior to employment being offered to a potential hire or volunteer services provided.

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

The auditor reviewed criminal background record checks and child abuse registry clearances for approximately 20 staff, including new hires during the 12-month audit period and staff interviewed.

As part of corrective action, the facility implemented a form to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (July 15, 2022).

**115.317 (d)**

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

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 7

Policy (pp. 10-12) Boys Village follows Louisiana DCFS Licensing Standards regarding hiring and employment practices. Background checks are conducted on all new applicants, contractors and volunteers prior to having contact with residents at the facility.

Prior to hiring new employees/contractors/volunteers who may have contact with residents a Louisiana State Police fingerprint based criminal background check shall be conducted in the manner required by R.S. 15:587.1 and 46:51.2.

In accordance with R.S. 1414.1, an inquiry of the state central registry (CANS) for all staff (employees, contractors and volunteers) shall be conducted prior to employment being offered to a potential hire or volunteer services provided.

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

The auditor reviewed criminal background record checks and child abuse registry clearances for 6 contract teachers.

**115.317 (e)**

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

The interview with the HR staff confirmed the agency requires background checks are completed every five years of current employees and contractors who may have contact with residents.

The auditor observed all criminal background records checks were conducted within five years.

**115.317 (f)**

Policy (p. 12) Employees have a continuing duty to disclose any such misconduct; material omissions or providing materially false information shall be grounds for administrative action, up to and including termination.

The auditor reviewed the PREA Employment Questionnaires for hiring, promotions, and annual evaluations. Staff are asked about previous misconduct.

**115.317 (g)**

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

Policy (p. 12) Employees have a continuing duty to disclose any such misconduct; material omissions or providing materially false information shall be grounds for administrative action, up to and including termination.

**115.317 (h)**

Policy states unless prohibited by law, the agency shall disclose any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee if requested by another institutional employer for whom the former employee has applied to work.

Policy (p. 12) Employees designated to respond to requests from an institutional employer for whom a former employee has applied to work, shall provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.

The HR staff confirmed the agency shall disclose any information on substantiated allegations of sexual abuse or sexual harassment.

**Conclusion and Corrective Action:**

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

**115.317 (b)**

The facility updated the PREA Employment Questionnaire to include consideration if incidents of sexual harassment (July 15, 2022).

**115.317 (c)**

The facility implemented a form to contract prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (July 15, 2022).

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Facility Schematics</li> <li>3. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head or Designee (Executive Director)</li> <li>2. Superintendent or Designee (Quality Assurance Director)</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.318 (a)</b></p> <p>PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>Policy (p. 12) Whenever Boys Village makes a substantial expansion to the current 36-bed facility, considerations for safeguarding the residents from sexual abuse or harassment will be of paramount importance. It is essential that all renovation plans facilitate direct contact between youth and staff to serve as a buffer against possible sexual abuse.</p> <p>The Executive Director and Quality Assurance Director confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p><b>115.318 (b)</b></p> <p>PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Policy (p. 12) Boys Village currently employs video surveillance in all occupied cottages and the school building on campus, and an effort is being made to expand surveillance coverage into other areas of the facility. Additionally, a new/updated/expanded video monitoring or electronic surveillance system will also be taken into consideration to further safeguard against the sexual abuse or sexual harassment of the residents.</p> <p>The Executive Director and Quality Assurance Director confirmed 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 auditor observed the video monitoring system and new updates since the last PREA audit.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Louisiana OJJ Policy C.2.11 Prison Rape Elimination Act (PREA) (March 21, 2019)</li> <li>3. Louisiana Office of Juvenile Justice Policy A.1.4: Investigative Services (April 4, 2022)</li> <li>4. Louisiana Act 229 - Free Services</li> <li>5. Service Delivery Agreement: Oasis A Safe Haven</li> <li>6. MOU: Calcasieu Parish Sheriff's Office</li> <li>7. MOU: Lake Charles Memorial Hospital (April 29, 2019)</li> <li>8. LPC Certification - qualified agency staff member (Renewal Date: June 30, 2023)</li> <li>9. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Random Sample of Staff</li> <li>3. SAFEs/SANEs</li> <li>4. Residents who Reported a Sexual Abuse – none identified</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.321 (a)</b>  PAQ: The facility is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Boys Village is not responsible for investigating allegations of sexual abuse. These investigations are completed by the Louisiana office of juvenile Justice Special Investigators and Calcasieu Parish Sheriff's Office.</p> <p>Policy (p. 11) Investigative Services (IS) shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, pursuant to YS Policy Nos. A.1.4 and C.4.6.</p> <p>Staff interviews confirmed staff understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Staff were knowledgeable of who is responsible for conducting sexual abuse investigations.</p> <p><b>115.321 (b) N/A</b>  The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.</p> <p><b>115.321 (c)</b>  PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility documents efforts to provide SANEs or SAFEs.</p> <p>During the past 12 months:  The number of forensic medical exams conducted: 0  The number of exams performed by SANEs/SAFEs: N/A  The number of exams performed by a qualified medical practitioner: N/A</p> <p>Boy Village has a MOU with Lake Charles Memorial Hospital, and a SANE/SAFE is available through the Southwest Louisiana Sexual Assault Nurse Examiner/Sexual Assault Resource Team Program. Email correspondence between the Boys Village PREA Coordinator and the SWLA SANE/SART Program Coordinator confirmed SANEs are available 24 hours a day, 365 days a year to perform forensic medical exams on persons of all ages reporting sexual assault. Additionally, the email correspondence established Louisiana Law (ACT 229) says that costs for services can be sent to the Louisiana Crime Victims Reparations (CVR). If the patient has Medicaid, Medicare, or Tricare the costs can be billed directly to those entities, but not the patient.</p> <p><b>115.321 (d)</b>  PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.</p>

Policy (p. 14) The PREA Compliance Manager, once made aware of a sexual abuse allegation, will contact Oasis Sexual Violence Hotline at (337) 494-7273 so that they may offer assistance or advocacy to the alleged victim. If this service is unavailable, Boys Village may provide another qualified staff member of a community-based service or a qualified Boys Village counselor.

The facility has a service delivery agreement with Oasis A Safe Haven for victim advocacy. The auditor contacted Oasis A Safe Haven. Services would be available to resident victims of sexual abuse at the facility. The auditor reviewed the LPC license for a Boys Village counselor.

**115.321 (e)**

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

Policy (p. 14) These qualified individuals shall accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals.

The PREA Coordinator stated a victim advocate would be available through Oasis A Safe Haven or a Boys village counselor.

**115.321 (f)**

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

Boys Village has a MOU with the Calcasieu Parish Sheriff's Office that requests compliance with the provisions of standards 115.321, 115.322, 115.334, 115.371, and 115.372. The auditor reviewed the MOU with the Calcasieu Parish Sheriff's Office and determined it to be inclusive of the standard requirements.

**Conclusion:**

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

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)
2. Louisiana OJJ Policy C.2.11 Prison Rape Elimination Act (PREA) (March 21, 2019)
3. Louisiana Office of Juvenile Justice Policy A.1.4: Investigative Services (April 4, 2022)
4. MOU: Calcasieu Parish Sheriff's Office
5. Boys Village Pre-Audit Questionnaire (PAQ)

**Document (Corrective Action):**

1. Published Investigations Policy (August 17, 2022)

**Interview:**

1. Agency Head or Designee (Quality Assurance Director)

**Findings (By Provision):**

**115.322 (a)**

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: 1
2. The number of allegations resulting in an administrative investigation: 1
3. The number of allegations referred for criminal investigation: 0

Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.

Policy states an administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment pursuant to YS Policy No. A.1.4.

The Quality Assurance Director confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

There was one allegation of resident-on-resident sexual abuse that OJJ screened out.

**115.322 (b)**

PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

Policy states allegations of sexual abuse or sexual harassment shall be referred to IS for investigation.

YS Policy A.1.4 - Investigative Services is published on the OJJ website under the URL <https://ojj.la.gov/wp-content/uploads/2018/04/A.1.4.pdf>. The OJJ Department of Investigative Services has the legal authority to conduct criminal investigations. The BCCY Lead Investigator confirmed OJJ has the legal authority to conduct criminal investigations.

As part of corrective action, the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation was published on the agency website at <https://boysvillages.org/prison-rape-elimination-act-prea-policy/> (August 17, 2022).

**115.322 (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.

The OJJ Special Investigations Unit has the legal authority to conduct criminal investigations.

The auditor reviewed the MOU with the Calcasieu Parish Sheriff's Office. The Louisiana OJJ Special Investigations Unit and Calcasieu Parish Sheriff's Office are the responsible agencies for conducting criminal investigations of sexual abuse.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is complete.

**115.322 (b)**

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation was published on the agency website (August 17, 2022).

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 333"><b>Documents:</b></p> <ol data-bbox="242 338 1134 465" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Training Curricula</li> <li>3. Training Records</li> <li>4. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 495 572 524"><b>Document (Corrective Action):</b></p> <ol data-bbox="242 528 1169 557" style="list-style-type: none"> <li>1. Staff Confirmation of Receipt of PREA updated to include all training topics (July 15, 2022)</li> </ol> <p data-bbox="242 586 363 616"><b>Interviews:</b></p> <ol data-bbox="242 620 517 649" style="list-style-type: none"> <li>1. Random Sample of Staff</li> </ol> <p data-bbox="242 678 505 707"><b>Findings (By Provision):</b></p> <p data-bbox="242 712 360 741"><b>115.331 (a)</b></p> <p data-bbox="242 745 1350 775">PAQ: The agency trains all employees who may have contact with residents on the eleven (11) required topics.</p> <p data-bbox="242 804 1473 898">Policy (pp. 14-15) All Boys Village employees shall receive instruction related to this policy and tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents in the facility on the following critical subjects:</p> <ul data-bbox="242 902 1449 1368" style="list-style-type: none"> <li>• Boys Village's zero tolerance policy for sexual misconduct.</li> <li>• How employees should fulfill their responsibilities under agency sexual misconduct prevention, detection, reporting, and response policies and procedures.</li> <li>• Residents' right to be free from sexual misconduct.</li> <li>• The right of the residents and employees to be free from retaliation for reporting sexual misconduct.</li> <li>• The dynamics of sexual misconduct in confinement.</li> <li>• The common reactions of sexual misconduct victims.</li> <li>• How to detect and respond to signs of threatened and actual sexual misconduct.</li> <li>• How to avoid inappropriate relationships with the residents.</li> <li>• How to communicate effectively and professionally with the residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming youth.</li> <li>• How to comply with relevant laws related to mandatory reporting of sexual misconduct to outside authorities.</li> <li>• Relevant laws regarding the applicable age of consent. (There is no consent within Boys Village and consent is never a legal defense because there is no consensual sex in a custodial or supervisory relationship as a matter of law.)</li> </ul> <p data-bbox="242 1397 1473 1491">The auditor reviewed the training materials and 2020 and 2021 staff training records for 37 staff, including 7 new hires. The training includes all required topics. Staff interviewed confirmed they have received training on the required PREA topics in standard 115.331 when hired and annually thereafter.</p> <p data-bbox="242 1520 360 1550"><b>115.331 (b)</b></p> <p data-bbox="242 1554 1254 1583">PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility.</p> <p data-bbox="242 1612 360 1641"><b>115.331 (c)</b></p> <p data-bbox="242 1646 1481 1740">PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: once per year</p> <p data-bbox="242 1769 1481 1863">Policy (p. 15) All current employees shall receive extensive PREA training upon hire, with refresher training to be conducted annually. This is to ensure that all employees know Boys Village's current sexual abuse and sexual harassment policies and procedures.</p> <p data-bbox="242 1892 1473 1986">The auditor reviewed the training materials and 2020 and 2021 staff training records for 37 staff, including 7 new hires. The facility provided documentation stating some 2020 staff training records were among documents destroyed by hurricane damage.</p> <p data-bbox="242 2016 360 2045"><b>115.331 (d)</b></p> <p data-bbox="242 2049 1414 2114">PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p>

Policy (p. 15) Boys Village shall document, through employee signatures on training logs and "Staff Confirmation of Receipt" signature forms, that employees understand the training that they have received.

The auditor reviewed the training materials and 2020 and 2021 staff training records for 37 staff, including 7 new hires. Staff sign the Staff Confirmation of Receipt of PREA. To better document that all training topics are received, the facility updated the Staff Confirmation of Receipt of PREA to be fully inclusive of all topics required by the standard.

**Conclusion and Corrective Action:**

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

**115.331 (d)**

The facility updated the Staff Confirmation of Receipt of PREA to be fully inclusive of all topics required by the standard.

115.332	<b>Volunteer and contractor training</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 333"><b>Documents:</b></p> <ol data-bbox="242 338 1134 465" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Training Curricula</li> <li>3. Training Records</li> <li>4. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 499 363 528"><b>Interviews:</b></p> <p data-bbox="242 533 839 562">Volunteers or Contractors who have Contact with Residents</p> <p data-bbox="242 589 507 618"><b>Findings (By Provision):</b></p> <p data-bbox="242 622 360 651"><b>115.332 (a)</b></p> <p data-bbox="242 656 1453 716">PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p data-bbox="242 745 1493 873">Policy (p. 15) Non-employees who have contact with juveniles shall receive instruction regarding facility policy, prohibited conduct, prevention, detection, response, and reporting of sexual misconduct prior to assuming responsibilities that include contact with residents. Training for non-employees may be tailored to reflect the extent of time they are in the facility and their access to the residents.</p> <p data-bbox="242 902 1481 963">The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 8</p> <p data-bbox="242 992 699 1021">The facility currently has no active volunteers.</p> <p data-bbox="242 1050 360 1079"><b>115.332 (b)</b></p> <p data-bbox="242 1084 1477 1211">PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="242 1240 1493 1368">Policy (p. 15) Non-employees who have contact with juveniles shall receive instruction regarding facility policy, prohibited conduct, prevention, detection, response, and reporting of sexual misconduct prior to assuming responsibilities that include contact with residents. Training for non-employees may be tailored to reflect the extent of time they are in the facility and their access to the residents.</p> <p data-bbox="242 1397 1490 1458">The auditor observed training materials include the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. The facility currently has no active volunteers.</p> <p data-bbox="242 1487 360 1516"><b>115.332 (c)</b></p> <p data-bbox="242 1520 1445 1581">PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="242 1610 1490 1738">Policy (p. 15) Documentation confirming training for all non-employees will be maintained by Boys Village. Signatures of non-employees on the appropriate "Contract Provider/Volunteer Confirmation of Receipt" or "Contract Provider Confirmation Receipt for Contractors without Direct Contact with Youth" will verify that non-employees have received appropriate training based on their level of contact with juveniles.</p> <p data-bbox="242 1767 1374 1827">The auditor observed training records for 9 volunteers and contractors. They sign the Contract Provider/Volunteer Confirmation of Receipt of PREA to document they understand the training they have received.</p> <p data-bbox="242 1861 376 1890"><b>Conclusion:</b></p> <p data-bbox="242 1895 1465 1955">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)
2. PREA Orientation
3. PREA Pamphlet (English and Spanish)
4. PREA Posters (English and Spanish)
5. MOU: Foreign Language Interpreting Services
6. Agreement: Sign Language Interpreting Services
7. Equal Opportunity and Effective Communication Statement
8. Boys Village Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Intake Staff
2. Random Sample of Residents

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.333 (a)**

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion. Of residents admitted during the past 12 months, the number who were given this information at intake: 52

Policy (p. 16) Upon intake, residents will receive age-appropriate education regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents.

An interview with Intake Staff/Case Manager revealed residents are given information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. All residents, including those transferred from other facilities, are provided this information.

The auditor observed the intake process. The residents are given a PREA brochure. The information includes the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

The auditor reviewed records for 16 residents interviewed and for the 12-month audit period. Residents sign the Youth Confirmation of Receipt of PREA. All of the documents indicate residents received the information at intake.

**115.333 (b)**

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 52

Policy (p. 16) All juveniles, upon intake, shall receive verbal and written information about sexual misconduct during their orientation. This information shall address:

- Boys Village's zero tolerance for sexual misconduct
- What constitutes sexual misconduct
- Boys Village's program for prevention of sexual misconduct
- Methods of self-protection
- How to report sexual misconduct and retaliation
- Protection from retaliation
- Treatment and counseling

Information regarding these topics will be included in the juvenile orientation materials, facility handbook, and on information boards and posters in all residential units.

An interview with the Case Manager revealed resident education is accomplished through reviewing the PREA packet and giving the residents the PREA pamphlet. She stated the residents are made aware of 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 at the time of intake and again within 48 hours.

Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to

report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment.

The auditor reviewed records for 16 residents interviewed and for the 12-month audit period. Residents sign the Youth Confirmation of Receipt of PREA. All of the documents indicate residents received the information within 10 days of intake.

**115.333 (c)**

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

An interview with the Case Manager confirmed all residents, including those transferred from other facilities, are given information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment.

115.333 (d)

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

Policy (p. 16) Appropriate provisions shall be made as necessary for juveniles not fluent in English and juveniles with disabilities. All juveniles have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual misconduct.

According to the PAQ and interview with the Executive Director, Boys Village has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor observed the interpreter agreements for American Sign Language and foreign language interpreters. The facility ensures 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. The facility provided a detailed statement that case managers would read written materials to residents as needed. PREA posters and pamphlets are available in English and Spanish.

**115.333 (e)**

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

Policy (p. 16) The facility will maintain documentation of juvenile receipt of this information.

The auditor reviewed Youth Confirmation of Receipt of PREA forms for 23 residents, including the 10 residents interviewed and forms for the 12-month audit period. Residents sign that they have participated in the education sessions.

**115.333 (f)**

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

Policy (p. 16) In addition to the education, there will be pamphlets provided and available along with visible posters throughout Boys Village providing key information for residents to read and observe.

The auditor observed posters and PREA pamphlets with key information about the agency's PREA policies.

**Conclusion:**

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

115.334	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. MOU: Calcasieu Parish Sheriff's Office</li> <li>3. Letter Re: OJJ PREA Trained Investigators</li> <li>4. Training Curriculum</li> <li>5. Training Records</li> <li>6. NIC Training Certificate: Investigating Sexual Abuse in a Confinement Setting</li> <li>7. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigative Staff (Administrative Investigations)</li> </ol> <p>Findings (By Provision):</p> <p>115.334 (a)</p> <p>PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Policy (p. 16) In addition to standard employee training, the Boys Village PREA Compliance Manager and Director of Operations have completed specialized training for investigators so that they may be allowed to conduct informal, fact-finding administrative investigations.</p> <p>An interview with the PREA Coordinator (Quality Assurance Director) confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He stated he received the training required by §115.331 and completed NIC specialized training topics.</p> <p>The auditor reviewed the training curriculum, 2020-2021 annual training required by §115.331 and certificates for specialized training topics. Two staff completed the required training.</p> <p><b>115.334 (b)</b></p> <p>Policy (p. 16) Specialized training shall include techniques for interviewing juvenile sexual abuse victims. Proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>An interview with the PREA Coordinator (Quality Assurance Director) confirmed he has received the required training. The auditor reviewed training records for verification. The specialized training topics were received through the NIC.</p> <p><b>115.334 (c)</b></p> <p>PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 2</p> <p>Policy (p. 15) Boys Village shall document, through employee signatures on training logs and "Staff Confirmation of Receipt" signature forms, that employees understand the training that they have received.</p> <p>The auditor reviewed the training curriculum, 2021 annual training required by §115.331 and certificates for specialized training topics. Two staff completed the required training. The investigators sign the Staff Confirmation of Receipt of PREA to document receipt of annual training requirements and they received NIC certificates for completion of the specialized training topics.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Training Curriculum</li> <li>3. Training Records</li> <li>4. NIC Certificates: PREA 201 for Medical and Mental Health Practitioners</li> <li>5. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Medical Staff and Mental Health Staff</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.335 (a)</b></p> <p>PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol style="list-style-type: none"> <li>1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 2</li> <li>2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%</li> </ol> <p>Policy (p. 17) Boys Village does not employ on-site medical staff. However, licensed professional counselors are available on campus to respond to incidents of sexual assault. In addition to employee PREA training, these counselors have also completed specialized training for mental health practitioners provided on the NIC website. Topics of this specialized training include:</p> <ul style="list-style-type: none"> <li>• How to detect and assess signs of sexual abuse and sexual harassment;</li> <li>• How to preserve physical evidence of sexual abuse;</li> <li>• How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and</li> <li>• How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ul> <p>An interview with Clinical Director confirmed he has received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed NIC Certificates for two staff. They completed PREA 201 for Medical and Mental Health Practitioners.</p> <p><b>115.335 (b)</b></p> <p>PAQ: Boys Village does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.</p> <p><b>115.335 (c)</b></p> <p>PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>Policy (p. 17) A certificate of completion is kept on file for verification.</p> <p>The auditor reviewed NIC Certificates for two staff. They completed PREA 201 for Medical and Mental Health Practitioners.</p> <p><b>115.335 (d)</b></p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.</p> <p>The auditor reviewed staff PREA training records. The mental health staff received the training mandated for employees under §115.331.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 1134 432" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. OJJ Intake Screening and Housing Assessment</li> <li>3. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 461 584 488"><b>Documents (Corrective Action):</b></p> <ol data-bbox="240 495 1147 557" style="list-style-type: none"> <li>1. OJJ Intake Screening and Housing Assessment updated with all criteria (June 17, 2022)</li> <li>2. Updated OJJ Intake Screening and Housing Assessment Examples (July 1, 2022)</li> </ol> <p data-bbox="240 586 363 613"><b>Interviews:</b></p> <ol data-bbox="240 620 638 714" style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Staff Responsible for Risk Screening</li> <li>3. Random Sample of Residents</li> </ol> <p data-bbox="240 743 507 770"><b>Findings (By Provision):</b></p> <p data-bbox="240 777 363 804"><b>115.341 (a)</b></p> <p data-bbox="240 810 1474 938">PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that a resident's risk level be reassessed periodically throughout their confinement.</p> <p data-bbox="240 967 469 994">In the past 12 months:</p> <ol data-bbox="240 1001 1468 1196" style="list-style-type: none"> <li>1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 50</li> <li>2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 98%</li> </ol> <p data-bbox="240 1225 1457 1420">Policy (p. 17) All juveniles admitted into Boys Village are screened by the Case Managers using the Intake Screening and Housing Assessment provided by the Louisiana Office of Juvenile Justice. This is done at intake or within 72 hours of admittance into the facility, and periodically throughout their stay. Any juveniles that are identified during the screening process as potential or confirmed victims of sexual assault or as having a tendency to act out with sexually aggressive behavior will be communicated to the Executive Director, Director of Operations, Clinical Director, PREA Compliance Manager, and documented in the resident's file.</p> <p data-bbox="240 1449 1471 1644">The Staff Responsible for Risk Screening/Case Manager stated she screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through asking residents questions during intake and reviewing the resident's social history. She stated resident's risk levels are reassessed every three months and if there is a sexual abuse or sexual harassment incident.</p> <p data-bbox="240 1673 1415 1736">Ten residents were interviewed with the random resident protocol. They confirmed they were asked questions like the following examples at intake:</p> <ol data-bbox="240 1742 940 1870" style="list-style-type: none"> <li>1. Have you have ever been sexually abused?</li> <li>2. Do you identify with being gay, bisexual, or transgender?</li> <li>3. Do you have any disabilities?</li> <li>4. Do you think you might be in danger of sexual abuse at the facility?</li> </ol> <p data-bbox="240 1899 1485 1962">The auditor reviewed 23 completed risk screens for 10 residents interviewed and examples for the 12-month audit period. All of the risk screens reviewed were completed within 72 hours.</p> <p data-bbox="240 1991 1474 2054">The auditor reviewed 16 completed quarterly reassessments for residents interviewed and examples for the 12-month audit period. The reassessments reviewed were completed quarterly.</p> <p data-bbox="240 2083 363 2110"><b>115.341 (b)</b></p> <p data-bbox="240 2116 1015 2143">PAQ: Risk assessment is conducted using an objective screening instrument.</p>

The auditor observed the screening instrument is objective.

**115.341 (c)**

The auditor reviewed the screening instrument and found it not to be inclusive of all criteria. The following two topics were not included: level of emotional and cognitive development and mental illness. As part of corrective action, the Louisiana Office of Juvenile Justice PREA Coordinator updated the screening instrument to be inclusive of all criteria required by the standard (June 17, 2022).

**115.341 (d)**

Policy (p. 17) In addition, information will be obtained through conversations with resident during the intake screening process.

The Case Manager stated the information is ascertained through asking residents questions using the Intake Screening and Housing Assessment and reviewing a resident's social history.

**115.341 (e)**

Policy (p. 17) Boys Village will implement appropriate controls in the dissemination of this information within the facility to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The PREA Coordinator and Case Manager stated the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. Information is limited to administrative staff (Case Managers, Clinical Director, Executive Director, PREA Coordinator, and Director of Operations) and on a need-to-know basis.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. Corrective action is complete.

**115.341 (c)**

The screening instrument was updated to be fully inclusive of all criteria required by the standard (June 17, 2022).

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 1134 499" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Intake Screening and Housing Assessment</li> <li>3. Risk Based Housing Assignments</li> <li>4. Staff Meeting Minutes</li> <li>5. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 528 363 555"><b>Interviews:</b></p> <ol data-bbox="240 562 1219 790" style="list-style-type: none"> <li>1. Superintendent or Designee (Quality Assurance Director)</li> <li>2. PREA Coordinator</li> <li>3. Staff Responsible for Risk Screening</li> <li>4. Staff who Supervise Residents in Isolation</li> <li>5. Mental Health Staff</li> <li>6. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)</li> <li>7. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents</li> </ol> <p data-bbox="240 819 528 846"><b>Site Review Observations:</b></p> <p data-bbox="240 853 762 880">Observations during on-site review of physical plant</p> <p data-bbox="240 909 507 936"><b>Findings (By Provision):</b></p> <p data-bbox="240 943 363 969"><b>115.342 (a)</b></p> <p data-bbox="240 976 1414 1039">PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="240 1068 1490 1196">Policy (pp. 17-18) Residents who are determined as a potential risk will not be singled out; however, they will be closely monitored by the staff. Housing decisions for each youth will be based on the risks determined by the Intake Screen and Assessment Instrument, as well as any information ascertained through conversations during the intake process and medical and mental health screenings with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="240 1225 1465 1321">The PREA Coordinator stated the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining placement in a cottage, room placement, roommate status, and other factors in an effort to keep the residents safe.</p> <p data-bbox="240 1350 1490 1478">The auditor reviewed 23 completed risk screens for 10 residents interviewed and examples for the 12-month audit period. The screening instrument indicates the housing risk level. The PREA Coordinator explained that the screening instrument is used to make informed decisions regarding a resident's cottage placement, room assignment, roommate eligibility, and other program aspects in an effort to keep the residents safe.</p> <p data-bbox="240 1507 363 1534"><b>115.342 (b)</b></p> <p data-bbox="240 1541 1465 1702">PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p data-bbox="240 1731 469 1758">In the past 12 months:</p> <ol data-bbox="240 1765 1485 1926" style="list-style-type: none"> <li>1. The number of residents at risk of sexual victimization who were placed in isolation: 0</li> <li>2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0</li> <li>3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A</li> </ol> <p data-bbox="240 1955 600 1982">Boys Village does not use isolation.</p> <p data-bbox="240 2011 363 2038"><b>115.342 (c)</b></p> <p data-bbox="240 2045 1490 2141">PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</p>

Policy (p. 18) LGBTIQ residents shall not be placed in particular housing based on identification alone or status. Nor shall such identification or status be used as an indicator of possible sexual abusiveness.

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

No residents identified as lesbian, gay, bisexual, transgender, or intersex during the onsite phase of the audit.

**115.342 (d)**

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

Policy (p. 18) All housing placements will be made with the sole intention of ensuring the residents' health and safety, and whether the placement would present management or security concerns.

The PREA Coordinator confirmed housing and programming assignments for transgender or intersex residents are made on an individual basis. A resident's health and safety would be of primary concern.

No residents identified as transgender or intersex during the onsite phase of the audit.

**115.342 (e)**

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

Policy (p. 18) Transgender or intersex residents' placement and programming assignments shall be reassessed at least twice each year to review any threats to safety.

The PREA Coordinator stated placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

**115.342 (f)**

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

Policy (p. 18) Each transgender or intersex residents' own views with respect to his or her own safety shall be given serious consideration.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the agency considers whether placement will ensure a resident's health and safety. A transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

No residents identified as transgender or intersex during the onsite phase of the audit.

**115.342 (g)**

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

Policy (p. 18) Boys Village does not allow more than one resident in any bathroom at any given time. This policy applies to all residents to ensure their safety and privacy and is done in an effort to avoid any incidents of sexual abuse or sexual harassment.

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

The auditor observed transgender or intersex residents would be able to shower separately from other residents. Showers are conducted individually in the privacy of a bathroom with a door.

No residents identified as transgender or intersex during the onsite phase of the audit.

**115.342 (h)**

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

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

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

**115.342 (i)**

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30

days to determine whether there is a continuing need for separation from the general population.

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

**Conclusion:**

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

115.351

**Resident reporting**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)
2. Curriculum: PREA Orientation
3. PREA Pamphlet
4. PREA Posters
5. Boys Village Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. PREA Coordinator
2. Random Sample of Staff
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse (none)

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.351 (a)**

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy (p. 18) Boys Village provides several different ways for a resident to report any incidents of sexual abuse and sexual harassment, any retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and any type of staff neglect or violations of responsibilities that may have contributed to such incidents.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by telling staff, calling hotline numbers, or writing a grievance. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotlines, or writing a grievance.

The auditor observed posters and the PREA pamphlet. Residents are provided with different ways to report. These methods include telling a staff member, filling a grievance, anonymously, through third parties, and to a public or private entity or office.

**115.351 (b)**

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

Policy (pp. 18-19) The residents may contact the Louisiana Office of Juvenile Justice Investigative Services Hotline at 1-800-626-1430 or the Louisiana Foundation Against Sexual Assault (LaFASA) at 1-888-995-7273. Residents may make a request with their case managers, counselors, or supervisory staff to contact these agencies during normal business hours, and they can make a request with supervisory staff or the staff supervisor if the call needs to be placed after hours. These telephone numbers shall be posted in all residential units and areas frequented by residents throughout Boys Village campus.

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.

The PREA Coordinator identified calling the Louisiana Office of Juvenile Justice Investigative Services hotline or the LaFASA hotline as ways a residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

The auditor observed posters and the PREA pamphlet. Residents are provided with contact numbers to report to a public or private entity or office that is not part of the agency. The auditor tested the telephones and observed they enable calls to the hotlines.

**115.351 (c)**

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

Policy (p. 18) Residents are able to report either verbally, in writing and/or confidentially through anonymous communication of any incident concerning sexual misconduct to a trusted staff member, counselor, any contractor/non-employee, or the director of the facility.

Staff interviews confirmed verbal reports would be documented immediately or as soon as possible.

**115.351 (d)**

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

Policy (pp. 19-20) All housing units and the main office are equipped with locked grievance drop boxes which allow for confidential and discreet written reports. Residents and staff members shall be provided with the tools necessary to make a written report. The drop boxes shall be checked daily by the Case Managers and all PREA-related reports will be considered immediately.

The PREA Coordinator confirmed tools are provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. He stated grievance forms are located in all of the cottages along with locked boxes for submission. The case managers are the only staff that check the grievance boxes. The grievance boxes are checked daily.

The auditor observed the locked grievance boxes in each cottage and grievance forms available to the residents.

**115.351 (e)**

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: verbally in staff meetings

Policy (p. 20) Staff shall be able to privately report sexual abuse and sexual harassment of youth by calling the Louisiana Office of Juvenile Justice Investigative Services Hotline at 1-800-626-1430 and reporting an allegation directly.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding resident reporting. Boys Village provides residents numerous ways to report sexual abuse or sexual harassment to private entities or offices that are not part of the agency. No corrective action is required.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Residents who Reported a Sexual Abuse - none present</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.352 (a)</b></p> <p>PAQ: The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>Boys Village is exempt from this standard. Boys Village provides the residents the ability to file a grievance for an allegation of sexual abuse or sexual harassment. However, the agency does not have administrative procedures to address resident grievances regarding sexual abuse. All grievances pertaining to sexual abuse and sexual harassment shall be immediately referred to OJJ PREA Investigators. OJJ will follow PREA-mandated timelines on the release of investigative outcomes. If deemed necessary, investigations may also be referred to Calcasieu Parish Sheriff s Office. Official outcomes of PREA investigations shall be issued by either of these two agencies.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.</p>

115.353

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)
2. Service Delivery Agreement: Oasis A Safe Haven
3. Oasis A Safe Haven Poster
4. Boys Village Pre-Audit Questionnaire (PAQ)

**Document (Corrective Action):**

1. Oasis A Safe Haven Poster updated with mailing address (June 8, 2022)

**Interviews:**

1. Superintendent of Designee (Quality Assurance Director)
2. PREA Coordinator
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

**Findings (By Provision):**

**115.353 (a)**

PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

Policy (p. 21) Anytime a resident alleges that sexual abuse occurred, Oasis Sexual Violence Hotline (337-494-7273), an outside victim advocacy service, shall be notified as soon as possible to provide support to the alleged victim, as appropriate based on their training. In addition, the Louisiana Office of Juvenile Justice Investigative Services Hotline and the Louisiana Foundation Against Sexual Assault (LaFASA) telephone numbers shall be posted in all housing units and areas frequented by residents throughout Boys Village campus. Contact information for immigration services agencies will also be made available for residents detained solely for civil immigration purposes. Boys Village shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The auditor observed contact information for outside victim advocate services for emotional support related to sexual abuse is included in posters posted in the cottages. As part of corrective action, the facility updated the poster to include a mailing address for Oasis A Safe Haven (June 8, 2022).

Oasis A Safe Haven:

1. Phone: 866-570-7273
2. Address: P.O. Box 276, Lake Charles, Louisiana 70602

The auditor reviewed the service delivery agreement to provide residents with emotional support services related to sexual abuse with Oasis A Safe Haven. The auditor contacted Oasis A Safe Haven and confirmed victim advocacy is available to the residents at the facility.

Resident interviews revealed residents had differing levels of awareness of services available outside of the facility for dealing with sexual abuse if they ever need it. Residents were aware of the location of the posters with a telephone number and a mailing address for Oasis A Safe Haven.

The auditor tested the telephones and observed they do enable calls to Oasis A Safe Haven. Calls are made with the assistance of staff.

**115.353 (b)**

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Policy (p. 21) Boys Village shall inform youths, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory

reporting laws.

Residents interviewed, who were knowledgeable of outside support services, knew contacting outside services would be a free call and they could make a call when needed.

The facility provided clarifying information regarding the extent to which such communications will be monitored and associated mandatory reporting laws (June 8, 2022). The residents are provided this information in orientation. Residents sign a "Duty to Inform" document and staff explain telephone procedures.

**115.353 (c)**

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

Policy (p. 21) Boys Village maintains a service agreement with Oasis Safe Haven to provide services to our residents who are victims of sexual abuse.

The auditor reviewed the service delivery agreement to provide residents with emotional support services related to sexual abuse with Oasis A Safe Haven. The auditor contacted Oasis A Safe Haven and confirmed victim advocacy is available to the residents at the facility.

**115.353 (d)**

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

Policy (p. 22) Boys Village shall also provide youth with reasonable and confidential access to their attorneys or other legal representative and reasonable access to parents or legal guardians.

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

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.

**115.353 (a)**

The facility updated the poster to include a mailing address for Oasis A Safe Haven (June 8, 2022).

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Parent/Guardian Packet</li> <li>3. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Website updated with third-party reporting information (August 17, 2022)</li> </ol> <p><b>§115.354</b></p> <p>PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>Policy (p. 22) Third parties, including fellow residents, staff members, volunteers, contractors, family members, attorneys, outside advocates and others, shall be accepted reporters of any sexual abuse and/or sexual harassment reports. (*Mandated Reporting Policy applies to all staff, volunteers and contractors of Boys Village, in accordance with LA Children's Code Articles 603,609,610, LA R.S. 14:403 and 23:968, and LA OJJ Youth Services Policy C.4.3)</p> <p>Boys Village has various methods to receive third-party reports of sexual abuse and sexual harassment. Verbal reports of abuse or written statements/grievances may be given directly to the Boys Village Executive Director or to any trusted staff. Written statements/grievances may also be placed in one of the various locked grievance drop boxes located in the main office and all housing units.</p> <p>Verbal reports can also be made directly to Louisiana Office of Juvenile Justice Investigative Services Hotline (1-800-626-1430), Louisiana Foundation Against Sexual Assault (LaFASA) Hotline (1-888-995-7273), and the Louisiana Department of Children and Family Services Child Protection Hotline (1-855-4LA-KIDS). These hotlines are available 24 hours a day, 365 days a year.</p> <p>The auditor observed the parent/guardian packet includes the PREA pamphlet, with contact information for third-party reports of sexual abuse and sexual harassment.</p> <p>As part of corrective action, third-party reporting procedures were added to the agency's website (August 17, 2022).</p> <p><b>Conclusion and Corrective Action:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. Corrective action is complete.</p> <p><b>115.354</b></p> <p>Third-party reporting procedures were added to the agency's website (August 17, 2022).</p>

115.361

**Staff and agency reporting duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)
2. Louisiana Office of Juvenile Justice Policy C.4.3: Mandatory Reporting of Abuse and Neglect of Youth (October 29, 2021)
3. Boys Village Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Superintendent or Designee (Quality Assurance Director)
2. PREA Coordinator
3. Random Sample of Staff
4. Medical and Mental Health Staff

**Findings (By Provision):**

**115.361 (a)**

PAQ: The agency requires all staff to report immediately and according to agency policy:

1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy (p. 22) All staff of Boys Village must immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not that facility is Boys Village; 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.

Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

**115.361 (b)**

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Policy (p. 12) All staff members are mandated reporters and have an affirmative duty to immediately report to the Administration any knowledge, suspicion or information regarding sexual misconduct involving a juvenile and/or any retaliation or neglect in violation of this policy.

Boys Village policy requires all staff to comply with any Louisiana mandatory child abuse reporting laws and Louisiana Office of Juvenile Justice Policy C.4.3: Mandatory Reporting of Abuse and Neglect of Youth.

Staff interviews confirmed they are aware of Louisiana laws related to mandatory reporting of sexual abuse.

**115.361 (c)**

PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Policy (pp. 22-23) Staff receiving reports of sexual abuse or sexual harassment shall immediately inform the Administration through the appropriate chain of command. (Contact Shift Supervisor or Director of Operations). Staff may also use the OJJ Investigative Services Hotline by calling 1-800-626-1430. The incident should be documented on an Unusual Occurrence Report.

Upon receiving any allegation of sexual abuse, the staff member who received the report shall promptly report the allegation to the Department of Children and Family Services (DCFS) - Child Protection, Calcasieu Parish Sheriff's Office, and Louisiana Office of Juvenile Justice PREA Investigators. The alleged victim's parents or legal guardians shall also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified.

Staff interviewed were knowledgeable that Boys Village policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

**115.361 (d)**

Policy (p. 23) All mental health practitioners shall report sexual abuse to the PREA Compliance Manager as well as to the Department of Children and Family Services - Child Protection as outlined in the LA Children's Code Articles 603,609,610, LA R.S. 14:403 and 23:968.

An interview with the Clinical Director confirmed he discloses the limitations of confidentiality and his duty to report, at the initiation of services to a resident. He confirmed he is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. He reported he has not become aware of such incidents.

**115.361 (e)**

Policy (p. 23) Upon receiving any allegation of sexual abuse, the staff member who received the report shall promptly report the allegation to the Department of Children and Family Services (DCFS) - Child Protection, Calcasieu Parish Sheriff's Office, and Louisiana Office of Juvenile Justice PREA Investigators. The alleged victim's parents or legal guardians shall also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified.

If the alleged victim is under the guardianship of LA DCFS, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

If the Office of Juvenile Justice retains jurisdiction over the alleged victim, the report shall also be made to the alleged victim's juvenile probation officer.

The Quality Assurance Director/PREA Coordinator stated when the facility receives an allegation of sexual abuse, he reports the allegation to the OJJ PREA Investigators, DCFS Child Protection, the Calcasieu Parish Sheriff's Office, OJJ Probation Officers, and the youth's parents. If the victim is under the guardianship of the child welfare system, he stated the allegation would be reported to the victim's DCFS caseworker. The allegation would be immediately reported to the appropriate parties. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record within 14 days.

**115.361 (f)**

Policy (p. 24) Boys Village shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to OJJ PREA Investigators.

The Quality Assurance Director/PREA Coordinator stated all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported directly to designated facility investigators.

**Conclusion:**

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

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 331"><b>Documents:</b></p> <ol data-bbox="242 338 1134 398" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 430 363 456"><b>Interviews:</b></p> <ol data-bbox="242 463 839 557" style="list-style-type: none"> <li>1. Agency Head or Designee (Executive Director)</li> <li>2. Superintendent or Designee (Quality Assurance Director)</li> <li>3. Random Sample of Staff</li> </ol> <p data-bbox="242 589 347 616"><b>Findings:</b></p> <p data-bbox="242 622 1484 714">PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p data-bbox="242 745 1493 806">In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p data-bbox="242 837 1484 963">Policy (p. 24) When a resident is identified as being at risk for sexual abuse in his/her current housing unit, the Case Manager shall notify the Director of Operations and Staff Supervisor to immediately move the resident to an alternate unit. If alternative placement cannot be arranged, the Executive Director and/or PREA Compliance Manager shall develop a written plan of action that will provide a safe and secure environment for the victim, and ensure that this plan is implemented.</p> <p data-bbox="242 994 1452 1055">The Executive Director stated staff should respond immediately to protect residents at substantial risk of imminent sexual abuse. Protective actions would include removing the resident from the risk and increasing observation.</p> <p data-bbox="242 1086 1493 1178">The Quality Assurance Director stated staff should respond immediately to protect residents at substantial risk of imminent sexual abuse. Protective actions would include separating the resident from a potential threat and increasing staff monitoring. The resident may have to be removed from the facility.</p> <p data-bbox="242 1209 1452 1301">Staff interviewed confirmed if they learn a resident is at risk of imminent sexual abuse, they will take immediate actions to protect the resident. These actions include removing the resident from harm, close observation, and reporting to their supervisor.</p> <p data-bbox="242 1332 376 1359"><b>Conclusion:</b></p> <p data-bbox="242 1366 1468 1426">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>Agency Head or Designee (Executive Director)</li> <li>Superintendent or Designee (Quality Assurance Director)</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.363 (a)</b>  PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p>Policy (p. 24) Upon receiving an allegation that a resident was sexually abused while residing at another facility, the Executive Director shall notify the administrator of the facility where the alleged abuse occurred and shall also notify DCFS - Child Protection.</p> <p><b>115.363 (b)</b>  PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Policy (p. 24) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p><b>115.363 (c)</b>  PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Policy (p. 24) The facility shall document that it has provided such notification on an Unusual Occurrence Report.</p> <p><b>115.363 (d)</b>  PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Policy (p. 24) Any report filed by another agency to Boys Village shall be investigated the same as any other incident that pertains to the PREA policy and procedures.</p> <p>The Executive Director stated if another agency or facility within the agency refers an allegation of sexual abuse or sexual harassment that occurred within the facility, the designated point of contact is the Executive Director or PREA Coordinator. He stated the allegation would be investigated in the same manner as if it occurred at the facility. He stated there are no examples of another facility or agency reporting such allegations.</p> <p>The Quality Assurance Director confirmed is the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred within the facility, the allegation would be investigated the same as all allegations. He stated there are no examples of another facility or agency reporting such allegations.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="244 304 376 331"><b>Documents:</b></p> <ol data-bbox="244 338 1134 465" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. First Responder Steps</li> <li>3. Unusual Occurrence Report Form</li> <li>4. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="244 495 363 521"><b>Interviews:</b></p> <ol data-bbox="244 528 679 622" style="list-style-type: none"> <li>1. Staff First Responders</li> <li>2. Random Sample of Staff</li> <li>3. Residents who Reported a Sexual Abuse</li> </ol> <p data-bbox="244 651 507 678"><b>Findings (By Provision):</b></p> <p data-bbox="244 685 360 712"><b>115.364 (a)</b></p> <p data-bbox="244 719 1485 1081">PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy does not require that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="244 1111 1110 1137">In the past 12 months, the number of allegations that a resident was sexually abused: 1</p> <p data-bbox="244 1144 451 1171">Of these allegations:</p> <ol data-bbox="244 1178 1485 1541" style="list-style-type: none"> <li>1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0</li> <li>2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0</li> <li>3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0</li> <li>4. The number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0</li> <li>5. The number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0</li> </ol> <p data-bbox="244 1570 1485 1765">Policy (p. 13) A juvenile may report sexual abuse or threats of sexual abuse to any staff member or non-employee. Any staff member or non-employee who receives a report of sexual misconduct, whether verbally or in writing, shall immediately separate the alleged victim and abuser, notify the Staff Supervisor and Director of Operations, and complete an Unusual Occurrence Report. The Director of Operations shall then notify the Executive Director and PREA Compliance Manager. The Staff Supervisor and Director of Operations should ensure that the alleged victim and aggressor are physically separated, either by moving housing units or some other effective means.</p> <p data-bbox="244 1794 1485 1888">If an assault has taken place within a time period that still allows for the collection of physical evidence, the alleged victim will be advised to not take any action that could damage or destroy physical evidence, including, as appropriate: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="244 1917 1485 2011">If an assault has taken place within a time period that still allows for the collection of physical evidence, staff will ensure that the alleged abuser will not take any action that could damage or destroy physical evidence, including, as appropriate: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="244 2040 1289 2067">Secure the scene of the alleged assault if feasible and secure any video coverage of the alleged incident.</p> <p data-bbox="244 2096 1477 2159">Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</p>

**115.364 (b)**

PAQ: The agency's policy does not require that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

The PREA First Responder Steps (p. 1) indicates if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

**Conclusion:**

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

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 333"><b>Documents:</b></p> <ol data-bbox="240 338 1134 434" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Louisiana OJJ PREA Coordinated Response to Sexual Abuse Incidents</li> <li>3. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 463 352 492"><b>Interview:</b></p> <ol data-bbox="240 497 839 526" style="list-style-type: none"> <li>1. Superintendent or Designee (Quality Assurance Director)</li> </ol> <p data-bbox="240 555 347 584"><b>Findings:</b></p> <p data-bbox="240 589 1461 649">PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="240 678 1445 806">Boys Village has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Coordinated Response to Sexual Abuse Incidents coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. The PREA Coordinator and/or Boys Village Case Managers will ensure the completion of all steps of the Coordinated Response to Sexual Abuse Incidents Checklist.</p> <p data-bbox="240 835 1445 896">The Quality Assurance Director confirmed the facility has a plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, and facility leadership.</p> <p data-bbox="240 925 1457 985">The auditor reviewed the Coordinated Response to Sexual Abuse Incidents and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse.</p> <p data-bbox="240 1014 376 1043"><b>Conclusion:</b></p> <p data-bbox="240 1048 1466 1108">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>

115.366	<p><b>Preservation of ability to protect residents from contact with abusers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head or Designee (Executive Director)</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.366 (a)</b></p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>Policy (p. 24) Boys Village will not renew or enter into a collective bargaining unit agreement that limits the ability of Boys Village to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.</p> <p>The Executive Director confirmed Boys Village has not entered into or renewed any collective bargaining agreements.</p> <p><b>115.366 (b)</b></p> <p>Policy (p. 24) Nothing in this section shall restrict the entering into or renewal of agreements that govern:</p> <ul style="list-style-type: none"> <li>• The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of this policy regarding evidentiary standards for administrative proceeding.</li> <li>• Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</li> </ul> <p>The Executive Director confirmed Boys Village has not entered into or renewed any collective bargaining agreements.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>
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115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 1134 432" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Protections Against Retaliation Form</li> <li>3. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 461 363 488"><b>Interviews:</b></p> <ol data-bbox="240 495 890 622" style="list-style-type: none"> <li>1. Agency Head Designee (Executive Director)</li> <li>2. Superintendent or Designee (Quality Assurance Director)</li> <li>3. Designated Staff Member Charged with Monitoring Retaliation</li> <li>4. Residents who Reported a Sexual Abuse - none present</li> </ol> <p data-bbox="240 651 507 678"><b>Findings (By Provision):</b></p> <p data-bbox="240 685 363 712"><b>115.367 (a)</b></p> <p data-bbox="240 719 1474 781">PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p data-bbox="240 810 1474 837">The Agency designates staff members or charges departments with monitoring for possible retaliation. They are as follows:</p> <p data-bbox="240 844 564 871">Eric Daigle – PREA Coordinator</p> <p data-bbox="240 878 624 904">Myra Richard – Director of Operations</p> <p data-bbox="240 934 1461 996">Policy (p. 25) Boys Village shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations pertaining to sexual abuse and sexual harassment, from retaliation by other staff or residents.</p> <p data-bbox="240 1025 363 1052"><b>115.367 (b)</b></p> <p data-bbox="240 1059 1211 1086">Policy (p. 25) Measures to protect staff and residents include, but are not limited to, the following:</p> <ul data-bbox="240 1093 1458 1254" style="list-style-type: none"> <li>• Unit transfer of residents-both victims and alleged abusers</li> <li>• Removal of staff from contact with victim</li> <li>• Provide emotional support services through on-site counseling as well as the Oasis Sexual Violence Program. Any other support services may also be provided as needed.</li> <li>• Monitoring for any changes by staff or residents that could suggest possible retaliation</li> </ul> <p data-bbox="240 1283 1477 1377">The Executive Director stated the different measures he would take to protect residents and staff from retaliation would include separating the victim and perpetrator, weekly monitoring by the PREA Coordinator, and providing emotional support services.</p> <p data-bbox="240 1406 1493 1635">The Staff Member Charged with Monitoring Retaliation/Quality Assurance Director stated the role he plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations includes proactive measures such as cutting of contact between the victim and alleged abuser, moving youth to a different cottage, and offering counseling services. The different measures he would take to protect residents and staff from retaliation would include zero contact between the alleged victim and alleged abuser. The facility does not use segregation or isolation. He stated he would initiate contact with residents who have reported sexual abuse at least once a week.</p> <p data-bbox="240 1675 363 1702"><b>115.367 (c)</b></p> <p data-bbox="240 1709 1474 1803">PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The length of time that the agency and/or facility monitors the conduct or treatment: 90 days</p> <p data-bbox="240 1832 1458 1895">The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="240 1924 1035 1951">The number of times an incident of retaliation occurred in the past 12 months: 0</p> <p data-bbox="240 1980 1493 2110">Policy (p. 25) For at least 90 days following a report of sexual abuse, Boys Village shall monitor the conduct and treatment of residents or staff who reported the sexual abuse, and of residents who were reported to have suffered sexual abuse, to see if there are any changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Boys Village shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p>

The Quality Assurance Director stated things he looks for to detect possible retaliation includes threats and interactions between the alleged abuser and others. He would monitor incident reports, housing and room changes, negative performance reviews or reassignments of staff, and periodic status checks of youth and staff. He would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for at least 90 days or until an allegation is unfounded. If there is concern that potential retaliation might occur, the maximum length of time that he would monitor conduct and treatment would be beyond 90 days if needed. There would be no time limit.

**115.367 (d)**

Policy (p. 25) Measures to protect staff and residents include monitoring for any changes by staff or residents that could suggest possible retaliation.

The Quality Assurance Director stated monitoring includes periodic status checks.

The auditor observed monitoring sheets. Status checks occur weekly.

**115.367 (e)**

Policy (p. 25) If at any time other individuals express a fear of retaliation by another resident or staff member, the protections from retaliation policy shall apply.

The Executive Director stated if an individual who cooperates with an investigation expresses a fear of retaliation, the agency shall keep all parties separated, the PREA Coordinator will conduct periodic status checks and make referrals for investigation. Placement changes will also be made as needed.

The Quality Assurance Director stated the different measures he would take to protect residents and staff from retaliation includes housing changes, staff shift reassignments, providing counseling and outside support services, and periodic monitoring of youth and staff. When retaliation is suspected, the allegation would be reported for investigation, resident offenders would be dismissed, and staff could be suspended.

**115.367 (f) N/A**

**Conclusion:**

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

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 333"><b>Documents:</b></p> <ol data-bbox="240 338 1134 398" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 427 363 456"><b>Interviews:</b></p> <ol data-bbox="240 461 1294 591" style="list-style-type: none"> <li>1. Superintendent or Designee (Quality Assurance Director)</li> <li>2. Staff who Supervise Residents in Isolation</li> <li>3. Medical and Mental Health Staff</li> <li>4. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none</li> </ol> <p data-bbox="240 620 347 649"><b>Findings:</b></p> <p data-bbox="240 654 1473 748">PAQ: The facility does not have a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p data-bbox="240 777 1445 806">The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p data-bbox="240 835 600 864">Boys Village does not use isolation.</p> <p data-bbox="240 893 376 922"><b>Conclusion:</b></p> <p data-bbox="240 927 1465 987">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. MOU: Calcasieu Parish Sheriff's Office</li> <li>3. Letter Re: OJJ PREA Trained Investigators</li> <li>4. Training Curriculum</li> <li>5. NIC Training Certificate: Investigating Sexual Abuse in a Confinement Setting</li> <li>6. Training Records</li> <li>7. Investigative Report</li> <li>8. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Quality Assurance Director)</li> <li>2. PREA Coordinator</li> <li>3. Investigative Staff (Administrative Investigations)</li> <li>4. Residents who Reported a Sexual Abuse</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.371 (a)</b></p> <p>PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Policy (p. 25) Any reports (direct, indirect, third party) received involving sexual abuse and sexual harassment shall be reviewed by the Executive Director and/or PREA Compliance Manager to determine if an incident meets the minimum criteria under the guidelines established by Prison Rape Elimination Act. The incident shall be reviewed promptly, thoroughly and objectively. If the minimum criteria are met, the allegations shall be reported to the Louisiana Office of Juvenile Justice PREA Investigators who are trained in sexual abuse investigations involving juvenile victims. In cases of alleged sexual abuse, the Calcasieu Parish Sheriff's Office will also be notified.</p> <p>The Quality Assurance Director stated an investigation following an allegation of sexual abuse or sexual harassment is initiated upon notification of an incident. Information is immediately relayed to investigations and OJJ is typically at the facility the same day or within 48 hours. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated with the same urgency as all investigations.</p> <p>There was one unsubstantiated allegation of staff-on-resident sexual harassment and one allegation of resident-on-resident sexual abuse that OJJ screened out.</p> <p><b>115.371 (b)</b></p> <p>Boys Village does not conduct criminal investigations.</p> <p>All investigations of sexual abuse and sexual harassment are conducted by the Louisiana Office of Juvenile Justice Investigative Services and/or the Calcasieu Parish Sheriff's Department. The Boys Village Director of Operations and the PREA Coordinator have received training through the National Institute of Corrections for investigating sexual abuse in a confinement setting. They utilize this training to conduct informal investigations for the purpose of fact-finding.</p> <p>The auditor reviewed the training curriculum, 2022 annual training required by §115.331 and NIC certificates for specialized training topics. Two staff completed the required training.</p> <p>The Quality Assurance Director confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He confirmed receiving the specialized topics required by the standard provision.</p> <p><b>115.371 (c)</b></p> <p>Policy (p. 26) Detectives with the Calcasieu Parish Sheriff's Office, in conjunction with Office of Juvenile Justice PREA Investigators, shall gather and preserve evidence; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior reports of any sexual abuse involving the suspected perpetrator. Boys Village as a facility shall cooperate with Calcasieu Parish Sheriff's Office and shall endeavor to remain informed about the progress of the investigation.</p> <p>The Quality Assurance Director stated sexual abuse investigations are conducted by the Calcasieu Parish Sheriff's Office, in conjunction with Office of Juvenile Justice PREA Investigators. The first steps in initiating an investigation include notifying OJJ immediately. The investigative process would include informal fact-finding at the facility level. All parties would be</p>

interviewed, and written statements would be obtained. This information would be forwarded to the proper authorities. Circumstantial evidence gathered would include incident reports, written statements, and video evidence.

**115.371 (d)**

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

Policy (p. 26) Investigators shall not terminate an investigation if the source of the allegation recants the allegation. Any departure of the alleged abuser or victim from employment or custody/care of Boys Village shall not provide a basis for terminating the investigation.

The Quality Assurance Director confirmed an investigation does not terminate if the source of the allegation recants his/her allegation.

**115.371 (e)**

Policy (p. 26) If the minimum criteria are met, the allegations shall be reported to the Louisiana Office of Juvenile Justice PREA Investigators who are trained in sexual abuse investigations involving juvenile victims. In cases of alleged sexual abuse, the Calcasieu Parish Sheriff's Office will also be notified.

The Quality Assurance Director confirmed when there is evidence that a prosecutable crime may have taken place, compelled interviews would not be conducted at the facility level.

**115.371 (f)**

Policy (p. 26) This determination will not assess the credibility of an alleged victim, suspect or witness, nor be based on status as a resident or facility staff member. This determination of credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined based on status as a resident or facility staff member.

The Quality Assurance Director stated the credibility of an alleged victim, suspect, or witness would be determined by the proper authorities. He confirmed that a resident who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

**115.371 (g)**

Policy (p. 26) If the Calcasieu Parish Sheriff's Office and/or Office of Juvenile Justice deem the act to be of a non-criminal nature, then an administrative investigation will occur. This incident review shall determine whether the staff actions or inactions contributed to the incident.

The review shall be documented with assessments, including descriptions of evidence, reasoning behind assessments along with facts and findings.

The Quality Assurance Director stated efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include reviewing video, examining statements, and determining if staff contributed to an incident. He confirmed administrative investigations are documented and include all incident reports, written statements, and any other pertinent information.

**115.371 (h)**

Policy (p. 26) Investigators with the Office of Juvenile Justice and Calcasieu Parish Sheriff's Office shall document in a written report thorough descriptions of physical, testimonial, and documentary evidence when feasible and refer any substantiated allegations of conduct that appear to be criminal for prosecution.

**115.371 (i)**

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

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

The Quality Assurance Director stated it wouldn't be his position to refer cases for prosecution. This would be the responsibility of the Office of Juvenile Justice and Calcasieu Parish Sheriff's Office.

**115.371 (j)**

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

Policy (p. 26) Boys Village shall retain all written reports for as long as the alleged abuser is in custody/care or employed by the facility, plus (5) five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

There was one unsubstantiated allegation of staff-on-resident sexual harassment and one allegation of resident-on-resident sexual abuse that OJJ screened out. There were no criminal investigations.

**115.371 (k)**

Policy (page 2) 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.

Policy (p. 26) Investigators shall not terminate an investigation if the source of the allegation recants the allegation. Any departure of the alleged abuser or victim from employment or custody/care of Boys Village shall not provide a basis for terminating the investigation.

The Quality Assurance Director stated an investigation would continue when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. He stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation the investigation would continue, and he would inform the investigative authority.

**115.371 (l) N/A**

**115.371 (m)**

Policy (p. 26) Boys Village as a facility shall cooperate with Calcasieu Parish Sheriff's Office and shall endeavor to remain informed about the progress of the investigation.

The Quality Assurance Director/PREA Coordinator stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation after forwarding all information such as reports, written statements, and video.

**Conclusion:**

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

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Investigative Staff (Administrative Investigations)</li> </ol> <p><b>Findings:</b></p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy (p. 26) Office of Juvenile Justice and/or Calcasieu Parish Sheriff's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The interview with the Quality Assurance Director confirmed this policy.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>OJJ PREA Field Investigations Verification of PREA Outcome Notification Form</li> <li>Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>Juvenile Notification of Investigative Outcome Form (implemented July 9, 2022)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>Superintendent or Designee (Quality Assurance Director)</li> <li>Investigative Staff (Administrative Investigations)</li> <li>Residents who Reported a Sexual Abuse – none</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.373 (a)</b></p> <p>PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 1</li> <li>Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 1</li> </ol> <p>Policy (pp. 26-27) Juveniles who are currently residents of Boys Village are entitled to know the outcome of the investigation in their allegation. The PREA Compliance Manager shall inform the juvenile whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The Quality Assurance Director confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The auditor observed the OJJ PREA Field Investigations Verification of PREA Outcome Notification informs residents whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p><b>115.373 (b)</b></p> <p>PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 1</li> <li>Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 1</li> </ol> <p>Policy (p. 27) Following an investigation into a juvenile's allegation of sexual abuse in the facility, the PREA Compliance Manager will be provided with an official investigative outcome by the OJJ PREA Coordinator.</p> <p><b>115.373 (c)</b></p> <p>PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:</p> <ol style="list-style-type: none"> <li>The staff member is no longer posted within the resident's unit;</li> <li>The staff member is no longer employed at the facility;</li> <li>The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ol> <p>There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months. There was one unsubstantiated allegation of staff-on-resident sexual harassment.</p>

Policy (p. 27) If the allegation involved a staff member, the PREA Compliance Manager shall inform the juvenile whenever:

- The staff member is no longer posted within the juvenile's unit;
- The staff member is no longer employed at the facility;
- The staff member has been indicted on a charge related to sexual abuse within the facility; or
- The staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor observed the OJJ PREA Field Investigations Verification of PREA Outcome Notification Form was not inclusive of the standard provision requirements. As part of corrective action, the facility implemented the Juvenile Notification of Investigative Outcome Form (July 9, 2022). The newly implemented form is fully inclusive of the standard provision requirements.

**115.373 (d)**

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

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

Policy (p. 27) If the allegation involved another juvenile, the PREA Compliance Manager shall inform the alleged victim when the alleged abuser has been:

- Indicted on a charge related to sexual abuse within the facility; or
- The alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor observed the OJJ PREA Field Investigations Verification of PREA Outcome Notification Form was not inclusive of the standard provision requirements. As part of corrective action, the facility implemented the Juvenile Notification of Investigative Outcome Form (July 9, 2022). The newly implemented form is fully inclusive of the standard provision requirements.

**115.373 (e)**

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

In the past 12 months:

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

Policy (p. 27) All notifications or attempted notifications shall be documented.

The auditor observed one notification to a resident of an unsubstantiated allegation of staff-on-resident sexual harassment.

**115.373 (f) N/A**

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

**Conclusion and Corrective Action:**

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

**115.373 (c and d)**

The facility implemented the Juvenile Notification of Investigative Outcome Form (July 9, 2022). The newly implemented form is fully inclusive of the standard requirements.

115.376	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="242 304 376 333"><b>Documents:</b></p> <ol data-bbox="242 338 1134 398" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="242 427 502 456"><b>Findings (by provision):</b></p> <p data-bbox="242 461 363 490"><b>115.376 (a)</b></p> <p data-bbox="242 495 1445 555">PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 584 1481 680">Policy (p. 27) Boys Village has zero tolerance for sexual misconduct between juveniles and any staff members. Sexual misconduct perpetrated by staff is contrary to the policies of this facility and professional ethical principles that all employees are bound to uphold.</p> <p data-bbox="242 710 363 739"><b>115.376 (b)</b></p> <p data-bbox="242 743 469 772">In the past 12 months:</p> <ol data-bbox="242 777 1481 873" style="list-style-type: none"> <li>1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0</li> <li>2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</li> </ol> <p data-bbox="242 902 1406 931">Policy (p. 27) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="242 960 1426 1021">There was one unsubstantiated allegation of staff-on-resident sexual harassment. The staff member was not subject to disciplinary action. The PAQ indicates the official outcome was reported incorrectly and the allegation was unfounded.</p> <p data-bbox="242 1050 363 1079"><b>115.376 (c)</b></p> <p data-bbox="242 1084 1445 1180">PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1209 1445 1270">Policy (p. 27) There is no consensual sex in a custodial or supervisory relationship as a matter of law. A sexual act with a resident by a person in a position of authority over the resident is a felony offense subject to criminal prosecution.</p> <p data-bbox="242 1299 1445 1359">In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="242 1388 363 1417"><b>115.376 (d)</b></p> <p data-bbox="242 1422 1493 1518">PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1547 1458 1644">In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="242 1673 1485 1769">Policy (p. 28) All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to the Office of Juvenile Justice PREA Investigators, Calcasieu Parish Sheriff's Office, and the Department of Children and Family Services – Child Protection.</p> <p data-bbox="242 1798 376 1827"><b>Conclusion:</b></p> <p data-bbox="242 1832 1465 1892">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>

115.377	<p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Quality Assurance Director)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.377 (a)</b></p> <p>PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Policy (p. 28) Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with the residents and Boys Village facility and staff and shall be reported to Office of Juvenile Justice PREA Investigators and Calcasieu Parish Sheriff's Office for further investigation.</p> <p><b>115.377 (b)</b></p> <p>PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The Quality Assurance Director stated in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer the facility would take remedial measures and prohibit further contact with residents.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>
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115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 1134 398" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 427 363 454"><b>Interviews:</b></p> <ol data-bbox="240 461 839 521" style="list-style-type: none"> <li>1. Superintendent or Designee (Quality Assurance Director)</li> <li>2. Mental Health Staff</li> </ol> <p data-bbox="240 551 504 577"><b>Findings (by provision):</b></p> <p data-bbox="240 584 360 611"><b>115.378 (a)</b></p> <p data-bbox="240 618 1461 745">PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 775 467 801">In the past 12 months:</p> <ol data-bbox="240 808 1385 869" style="list-style-type: none"> <li>1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0</li> <li>2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</li> </ol> <p data-bbox="240 898 1469 1025">Policy (p. 28) Boys Village has zero tolerance for any resident that violates the Boys Village policies on sexual abuse or sexual harassment. Any resident that violates these policies are subjected to the disciplinary sanctions commensurate with the nature and circumstances of the incident.</p> <p data-bbox="240 1055 360 1081"><b>115.378 (b)</b></p> <p data-bbox="240 1088 659 1115">PAQ: Boys Village does not use isolation.</p> <p data-bbox="240 1144 360 1171"><b>115.378 (c)</b></p> <p data-bbox="240 1178 1485 1238">Policy (p. 28) Consideration will be taken into the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed under similar circumstances.</p> <p data-bbox="240 1267 1393 1294">The Quality Assurance Director stated mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="240 1323 360 1350"><b>115.378 (d)</b></p> <p data-bbox="240 1357 1493 1525">PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.</p> <p data-bbox="240 1554 1485 1682">The Clinical Director staff stated therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse would also be offered to an offending resident. He would not restrict a resident's access to any programming or education as a requirement for participation. Any rewards-based behavior management system may be limited.</p> <p data-bbox="240 1711 360 1738"><b>115.378 (e)</b></p> <p data-bbox="240 1744 1493 1805">PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1834 1393 1895">Policy (p. 28) Residents are subjected to a formal disciplinary process for contact with staff if upon investigation it is determined that the staff member did not consent to such contact.</p> <p data-bbox="240 1924 360 1951"><b>115.378 (f)</b></p> <p data-bbox="240 1957 1493 2051">PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="240 2080 1477 2141">Policy (p. 28) No resident will be subjected to a formal disciplinary process for filing any report or incident. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely</p>

reporting an incident even if that report is unsubstantiated by investigators. Boys Village may discipline a resident for filing a grievance related to alleged sexual abuse only where it is demonstrated that the resident filed the grievance in bad faith.

**115.378 (g)**

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

Policy (p. 28) Sexual contact between residents is strictly prohibited.

**Conclusion:**

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

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Clinical Notes</li> <li>3. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Staff Responsible for Risk Screening</li> <li>2. Medical and Mental Health Staff</li> <li>3. Residents who Disclose Sexual Victimization at Risk Screening</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.381 (a)</b></p> <p>PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%</p> <p>Policy (p. 29) If a resident's intake assessment indicates that he/she has experienced any prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Documentation of such shall be noted on the residents Vulnerability Assessment Instrument.</p> <p>The Staff Responsible for Risk Screening/Case Manager stated if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days. She stated the meeting would occur within 7 days of placement in the program. She added, OJJ typically has services in place for youth prior to placement.</p> <p>The PAQ indicates that all residents are assigned a licensed professional counselor within a week of their admission to the facility. Individual counseling sessions are conducted at least once per week, and group counseling sessions are conducted once per week.</p> <p>One resident was identified as reporting prior sexual victimization during risk screening. The interview determined he was offered, and he accepted a follow-up meeting with a counselor within 14 days.</p> <p><b>115.381 (b)</b></p> <p>PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%</p> <p>Policy (p. 29) If a resident's intake assessment indicates that he/she has experienced any prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Documentation of such shall be noted on the residents Vulnerability Assessment Instrument.</p> <p>The Case Manager stated if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days. She stated the meeting would occur within 7 days of placement in the program. Additionally, OJJ would already be aware if a resident had previously perpetrated abuse and services would be in place to address their needs.</p> <p>The PAQ indicates that all residents are assigned a licensed professional counselor within a week of their admission to the facility. Individual counseling sessions are conducted at least once per week, and group counseling sessions are conducted once per week.</p>

**115.381 (c)**

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Policy (p. 29) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, as well as necessary Boys Village staff to inform treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Strict confidentiality should always be maintained.

The auditor observed that information is securely retained in the case managers' offices.

**115.381 (d)**

PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Policy (p. 29) Medical and mental health practitioners shall obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the youth is under the age of 18.

The interview with the Clinical Director confirmed he obtains informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. He stated informed consent is completed and signed at the initial mental health counseling session.

**Conclusion:**

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

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. Residents who Reported a Sexual Abuse</li> <li>3. Security Staff and Non-Security Staff First Responders</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.382 (a)</b></p> <p>PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>Policy (p. 29) Youth who are victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>The Clinical Director stated resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services would be determined according to his professional judgment.</p> <p><b>115.382 (b)</b></p> <p>PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Policy (p. 29) 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. Any time an allegation of sexual abuse occurs, the resident will be taken to Lake Charles Memorial Hospital to be examined by a SANE/SAFE without financial cost to the resident.</p> <p><b>115.382 (c)</b></p> <p>PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Policy (p. 29) Upon return from the hospital, any follow-up medications, treatment, testing, etc. will be completed as ordered. This may include repeat HIV /STD testing and follow-up medication as needed/ordered for STD prophylaxis. All findings and behaviors must be documented in the resident's medical record and strict confidentiality shall be maintained at all times.</p> <p>The Clinical Director stated victims of sexual abuse are offered timely information about and timely access to sexually transmitted infection prophylaxis.</p> <p>There were no residents who reported a sexual abuse.</p> <p><b>115.382 (d)</b></p>

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

Policy (pp. 29-30) Any time an allegation of sexual abuse occurs, the resident will be taken to Lake Charles Memorial Hospital to be examined by a SANE/SAFE without financial cost to the resident.

Mental health treatment services can be provided to the victim by Boys Village counselors or Oasis Safe Haven without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. If the resident desires, the PREA Program Manager will contact them.

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

**Conclusion:**

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

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 1134 398" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 427 363 454"><b>Interviews:</b></p> <ol data-bbox="240 461 679 521" style="list-style-type: none"> <li>1. Medical and Mental Health Staff</li> <li>2. Residents who Reported a Sexual Abuse</li> </ol> <p data-bbox="240 551 528 577"><b>Site Review Observations:</b></p> <p data-bbox="240 584 759 611">Observations during on-site review of physical plant</p> <p data-bbox="240 640 504 667"><b>Findings (by provision):</b></p> <p data-bbox="240 674 360 701"><b>115.383 (a)</b></p> <p data-bbox="240 707 1469 768">PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="240 797 1461 898">Policy (p. 30) Boys Village shall offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse regardless of where it occurred (any prison, jail, lockup, or juvenile facility).</p> <p data-bbox="240 927 1461 954">Treatment would be provided through Lake Charles Memorial Hospital, Oasis A Safe Haven, and Boys Village counselors.</p> <p data-bbox="240 983 360 1010"><b>115.383 (b)</b></p> <p data-bbox="240 1016 1477 1111">Policy (p. 30) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p data-bbox="240 1140 1430 1200">The Clinical Director confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and a treatment plan.</p> <p data-bbox="240 1229 791 1256">There were no residents who reported a sexual abuse.</p> <p data-bbox="240 1285 360 1312"><b>115.383 (c)</b></p> <p data-bbox="240 1319 1477 1379">Policy (p. 30) Boys Village shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="240 1408 1350 1435">The Clinical Director stated medical and mental health services are consistent with the community level of care.</p> <p data-bbox="240 1464 743 1491"><b>115.383 (d)</b> N/A Boys village is an all-male facility.</p> <p data-bbox="240 1520 743 1547"><b>115.383 (e)</b> N/A Boys village is an all-male facility.</p> <p data-bbox="240 1576 360 1603"><b>115.383 (f)</b></p> <p data-bbox="240 1610 1461 1671">PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="240 1700 1477 1760">Policy (p. 30) Resident victims of sexual abuse while at Boys Village shall be offered tests for sexually transmitted infections as medically appropriate. There were no residents who reported a sexual abuse.</p> <p data-bbox="240 1789 360 1816"><b>115.383 (g)</b></p> <p data-bbox="240 1823 1445 1883">PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 1912 1461 1973">Policy (p. 30) 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.</p> <p data-bbox="240 2002 791 2029">There were no residents who reported a sexual abuse.</p> <p data-bbox="240 2058 360 2085"><b>115.383 (h)</b></p> <p data-bbox="240 2092 1477 2119">PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of</p>

learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Policy (p. 30) Boys Village shall refer all known youth-on-youth abusers for a mental health evaluation within 60 days of learning of such abuse history and comply with treatment recommendations when deemed appropriate by mental health practitioners.

The interview with the Clinical Director confirmed a mental health evaluation would be conducted of all known resident-on-resident abusers. OJJ would assign treatment or make recommendations for the facility to follow. The evaluation would be conducted within 7 days.

**Conclusion:**

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

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 304 376 331"><b>Documents:</b></p> <ol data-bbox="240 338 1134 432" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. Sexual Abuse Critical Incident Review</li> <li>3. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 461 363 488"><b>Interviews:</b></p> <ol data-bbox="240 495 839 589" style="list-style-type: none"> <li>1. Superintendent or Designee (Quality Assurance Director)</li> <li>2. PREA Coordinator</li> <li>3. Incident Review Team</li> </ol> <p data-bbox="240 618 504 645"><b>Findings (by provision):</b></p> <p data-bbox="240 651 363 678"><b>115.386 (a)</b></p> <p data-bbox="240 685 1477 745">PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.</p> <p data-bbox="240 775 1469 835">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 1</p> <p data-bbox="240 864 1469 965">Policy (p. 31) For incidents involving allegations of sexual acts or contact, Boys Village shall conduct an incident review within (30) days of the conclusion of the investigation, unless the allegation has been determined to be unfounded. This will be documented on the Sexual Abuse Critical Incident Review Form provided by OJJ.</p> <p data-bbox="240 994 363 1021"><b>115.386 (b)</b></p> <p data-bbox="240 1028 1414 1088">PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p data-bbox="240 1117 1469 1178">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0</p> <p data-bbox="240 1207 1469 1308">Policy (p. 31) For incidents involving allegations of sexual acts or contact, Boys Village shall conduct an incident review within (30) days of the conclusion of the investigation, unless the allegation has been determined to be unfounded. This will be documented on the Sexual Abuse Critical Incident Review Form provided by OJJ.</p> <p data-bbox="240 1337 1358 1397">The auditor reviewed an incident review that was conducted within 6 days of completion of the conclusion of the administrative sexual harassment investigation.</p> <p data-bbox="240 1426 363 1453"><b>115.386 (c)</b></p> <p data-bbox="240 1460 1414 1520">PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1550 1382 1610">Policy (p. 31) The incident review team shall include upper-level management officials, with input from supervisors, investigators, and mental health practitioners.</p> <p data-bbox="240 1639 1485 1700">The Quality Assurance Director confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1729 1485 1789">The auditor reviewed an incident review that was conducted with the Director of Operations, Shift Supervisor, Case Manager, and PREA Coordinator.</p> <p data-bbox="240 1818 363 1845"><b>115.386 (d)</b></p> <p data-bbox="240 1852 1477 1953">PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.</p> <p data-bbox="240 1982 608 2009">Policy (p. 31) The review team shall:</p> <ul data-bbox="240 2016 1461 2141" style="list-style-type: none"> <li>• Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</li> </ul>

- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during various shifts; and
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The review team will prepare a report of its findings that includes determinations made and any recommendations for improvement and submit such report to the Boys Village Executive Director and PREA Compliance Manager to be reviewed within 10 days of the incident review.

The Quality Assurance Director/PREA Coordinator was interviewed as a member of the sexual abuse incident review team. She confirmed the team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. He stated the information is used in the ongoing assessment and improvement of operations, security, and safety.

The auditor reviewed the Sexual Abuse Critical Incident Review Form. The form is inclusive of the standard provision requirements.

**115.386 (e)**

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

Policy (p. 31) They will then authorize the implementation of recommendations for improvement, or document reasons for not doing so.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)
2. Survey of Sexual Victimization Substantiated Incident Form (Juvenile)
3. 2015-2021 Annual Reports
4. Boys Village Pre-Audit Questionnaire (PAQ)

**Findings (by provision):**

**115.387 (a)**

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

Policy (pp. 31-32) Boys Village shall collect uniform data for every allegation of sexual abuse using the Survey of Sexual Violence conducted by the US Department of Justice. The following data shall be collected:

- The number of incidents that met the definition of sexual abuse and/or sexual harassment as outlined in the PREA Standards;
- The area where the incident occurred;
- The time of the incident;
- The victim's age, ethnicity, and gender;
- The type of abuse or injury;
- How the incident was reported;
- If the incident was youth on youth, staff on youth, or youth on staff;
- The perpetrator's age, ethnicity, and gender;
- The nature of the incident;
- Sanctions imposed on the perpetrator.

Boys Village, as an OJJ contract facility, shall also comply with OJJ protocol on data collection. OJJ shall collect data which can be utilized to reduce the risk of sexual abuse and sexual harassment occurring within its secure care and contract facilities as noted below:

OJJ 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 auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

**115.387 (b)**

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

Policy (pp. 32-33) The data shall be collected, reviewed annually, and maintained from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Boys Village, as an OJJ contract facility, shall also comply with OJJ protocol on data collection. OJJ shall collect data which can be utilized to reduce the risk of sexual abuse and sexual harassment occurring within its secure care and contract facilities as noted below:

OJJ shall aggregate the incident-based sexual abuse data at least annually.

The auditor reviewed the aggregated data from 2015 to 2021.

**115.387 (c)**

PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Policy (p. 32-33) The incident-based data collected shall include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ. Upon request, all such data from the previous calendar year shall be provided to the U.S. DOJ no later than June 30th.

Boys Village, as an OJJ contract facility, shall also comply with OJJ protocol on data collection. OJJ shall collect data which

can be utilized to reduce the risk of sexual abuse and sexual harassment occurring within its secure care and contract facilities as noted below:

The incident-based data collected shall include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ. Upon request, all such data from the previous calendar year shall be provided to the U.S. DOJ no later than June 30th.

The auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

**115.387 (d)**

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy (pp. 32-33) The data shall be collected, reviewed annually, and maintained from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Boys Village, as an OJJ contract facility, shall also comply with OJJ protocol on data collection. OJJ shall collect data which can be utilized to reduce the risk of sexual abuse and sexual harassment occurring within its secure care and contract facilities as noted below:

OJJ shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The auditor observed documentation of a report of sexual harassment, including a full investigative report with findings. There were no allegations of sexual abuse during the 12-month audit period.

**115.387 (e) N/A**

Boys Village does not contract for the confinement of its residents.

**115.387 (f) N/A**

The Department of Justice (DOJ) did not request data for the previous calendar year.

**Conclusion:**

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

115.388	<b>Data review for corrective action</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)
2. 2015-2021 Annual Reports
3. Boys Village Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Agency Head or Designee (Executive Director)
2. PREA Coordinator

**Findings (by provision):**

**115.388 (a)**

PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Policy (p. 34) Boys Village shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing and submitting an annual report of its findings and corrective actions of the facility to OJJ.

The Executive Director confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training.

The auditor reviewed the 2015-2021 annual reports and found them to be inclusive of the standard provision requirements.

**115.388 (b)**

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Policy (p. 34) Such report shall include a comparison of the current year's data and corrective actions with those from prior years, and shall provide an assessment of OJJ's progress in addressing sexual abuse.

The auditor reviewed the annual reports and determined they are inclusive of the standard provision requirements.

**115.388 (c)**

PAQ: The agency makes its annual report readily available to the public at least annually through its website or, if it does not have one, through other means. The annual reports are approved by the agency head.

Policy (p. 34) OJJ's report shall be approved by the Deputy Secretary and made readily available to the public through the Office of Juvenile Justice (OJJ) website at <http://www.ojj.la.gov/>.

The auditor observed the annual reports re published on the OJJ website. The reports are approved by the Deputy Secretary.

**115.388 (d)**

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

Policy (p. 34) OJJ may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The auditor reviewed the annual reports and observed no identifying information. The reports indicate all personal identifiable information, including name, gender, and age has been redacted from the reports, in an effort to protect the identity of youth in the custody of the Office of Juvenile Justice and to reduce any potential security and safety risks.

**Conclusion:**

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

115.389	<b>Data storage, publication, and destruction</b>
	<p data-bbox="240 143 740 172"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="240 302 376 331"><b>Documents:</b></p> <ol data-bbox="240 336 1134 432" style="list-style-type: none"> <li>1. Boys Village PREA Policy and Procedures Implementation Plan (Revised July 9, 2022)</li> <li>2. 2015-2021 Annual Reports</li> <li>3. Boys Village Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="240 461 352 490"><b>Interview:</b></p> <ol data-bbox="240 495 456 524" style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p data-bbox="240 553 504 582"><b>Findings (by provision):</b></p> <p data-bbox="240 586 360 616"><b>115.389 (a)</b></p> <p data-bbox="240 618 1129 647">PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="240 676 807 705">Policy (p. 34) All data collected will be securely retained.</p> <p data-bbox="240 734 1458 831">The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p> <p data-bbox="240 860 360 889"><b>115.389 (b)</b></p> <p data-bbox="240 893 1458 990">PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website or, if it does not have one, through other means.</p> <p data-bbox="240 1019 1474 1115">Policy (p. 34) After removal of personal identifiers, OJJ shall make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts readily available to the public at least annually through its OJJ website.</p> <p data-bbox="240 1144 1458 1202">The auditor observed the published annual reports at the Office of Juvenile Justice (OJJ) website at <a href="http://www.ojj.la.gov/">http://www.ojj.la.gov/</a>. The reports contain no personal identifying information.</p> <p data-bbox="240 1232 360 1261"><b>115.389 (c)</b></p> <p data-bbox="240 1265 1382 1294">PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p data-bbox="240 1323 1474 1420">Policy (p. 34) After removal of personal identifiers, OJJ shall make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts readily available to the public at least annually through its OJJ website.</p> <p data-bbox="240 1449 1410 1478">The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p data-bbox="240 1507 360 1536"><b>115.389 (d)</b></p> <p data-bbox="240 1541 1474 1599">PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p data-bbox="240 1628 1426 1686">Policy (p. 34) Boys Village shall maintain all data collected no less than (10) ten years from the initial date of collection, unless Federal, State, or local law requires otherwise.</p> <p data-bbox="240 1715 376 1744"><b>Conclusion:</b></p> <p data-bbox="240 1749 1474 1816">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village Pre-Audit Questionnaire (PAQ)</li> <li>2. Interviews</li> <li>3. Research</li> <li>4. Policy Review</li> <li>5. Document Review</li> <li>6. Observations during onsite review of facility</li> </ol> <p><b>Findings:</b>  During the three-year period starting on August 20, 2013, Boys Village was audited in the third year of the second cycle and in current audit cycle.</p> <p>The auditor was given access to, and the ability to observe, all areas of the Boys Village. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Boys Village Pre-Audit Questionnaire (PAQ)</li> <li>2. Policy Review</li> <li>3. Documentation Review</li> <li>4. Interviews</li> <li>5. Observations during onsite review of facility</li> </ol> <p><b>Findings:</b> All Boys Village PREA Audit Reports are published on the agency's website.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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