PREA Facility Audit Report: Final

Name of Facility: AMIkids Acadiana
Facility Type: Juvenile
Date Interim Report Submitted: 08/14/2025
Date Final Report Submitted: 10/13/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Derek Craig Henderson	**Date of Signature:** 10/13/2025

AUDITOR INFORMATION	
Auditor name:	Henderson, Derek
Email:	derekc.henderson@outlook.com
Start Date of On-Site Audit:	07/20/2025
End Date of On-Site Audit:	07/21/2025

FACILITY INFORMATION	
Facility name:	AMIkids Acadiana
Facility physical address:	611 Celestine La Tortue Road , Branch , Louisiana - 70516
Facility mailing address:	

Primary Contact

Name:	Charmona Murphy - Henry
Email Address:	cmurphyhenry@amikids.org
Telephone Number:	3372573239

Superintendent/Director/Administrator	
Name:	Suzanne Charles
Email Address:	scharles@amikids.org
Telephone Number:	337-541-0448

Facility PREA Compliance Manager	
Name:	Charmona Murphy Henry
Email Address:	cmurphyhenry@amikids.org
Telephone Number:	337-257-3239

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	34
Average daily population for the past 12 months:	32
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-18
Facility security levels/resident custody levels:	Non- Secure
Number of staff currently employed at the facility who may have contact with residents:	40
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

Agency-Wide PREA Coordinator Information

Name:	Wendell Watson	**Email Address:**	wlw@amikids.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
2	• 115.313 - Supervision and monitoring • 115.381 - Medical and mental health screenings; history of sexual abuse
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-07-20
2. End date of the onsite portion of the audit:	2025-07-21

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	While onsite, the auditor made a test call to the Hearts of Hope crisis line. The representative who answered described the victim services provided and confirmed that all Hearts of Hope staff are mandatory reporters required to follow state reporting laws to DCFS and law enforcement. The representative confirmed that the services outlined in the MOU are available to any juvenile victim of sexual abuse, including youth from AMIkids Acadiana, who may contact Hearts of Hope at any time to make a PREA report or receive victim advocacy and emotional support services. Interpreting services are available on an as-needed basis to ensure accessibility for all victims. The representative also confirmed that Hearts of Hope provides PREA-related training for AMIkids Acadiana staff and conducts educational sessions for residents regarding sexual abuse, sexual harassment, and available victim services.

AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	36
15. Average daily population for the past 12 months:	34
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	33
25. 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
26. 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

27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. 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
29. 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
30. 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
31. 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
32. 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
33. 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
34. 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

35. 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):	The AMIkids Acadiana facility does not isolate or segregate residents, as it operates as an unsecure residential treatment program utilizing open-bay, dormitory-style housing units.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	38
37. 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
38. 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:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The random sample of resident interviewees was drawn to ensure representation from each housing unit within the facility. Because AMIkids Acadiana is a single-site, unsecure residential program with open-bay dormitory housing, geographic diversity was achieved by selecting residents across the different dormitories and program areas.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3

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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ 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).	No residents meeting this targeted criterion were identified during the audit. The auditor corroborated this through review of the PAQ, intake and classification documentation, resident rosters, and onsite discussions with staff. Random and targeted resident interviews further confirmed that no residents in this category were present at the facility during the audit period.
48. 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:	2

49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ 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).	No residents meeting this targeted criterion were identified during the audit. The auditor corroborated this through review of the PAQ, intake and classification documentation, resident rosters, and onsite discussions with staff. Random and targeted resident interviews further confirmed that no residents in this category were present at the facility during the audit period.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ 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).	No residents meeting this targeted criterion were identified during the audit. The auditor corroborated this through review of the PAQ, intake and classification documentation, resident rosters, and onsite discussions with staff. Random and targeted resident interviews further confirmed that no residents in this category were present at the facility during the audit period.
51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ 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).	No residents meeting this targeted criterion were identified during the audit. The auditor corroborated this through review of the PAQ, intake and classification documentation, resident rosters, and onsite discussions with staff. Random and targeted resident interviews further confirmed that no residents in this category were present at the facility during the audit period.
52. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ 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).	No residents meeting this targeted criterion were identified during the audit. The auditor corroborated this through review of the PAQ, intake and classification documentation, resident rosters, and onsite discussions with staff. Random and targeted resident interviews further confirmed that no residents in this category were present at the facility during the audit period.
53. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ 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).	No residents meeting this targeted criterion were identified during the audit. The auditor corroborated this through review of the PAQ, intake and classification documentation, resident rosters, and onsite discussions with staff. Random and targeted resident interviews further confirmed that no residents in this category were present at the facility during the audit period.

54. 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:	1
55. 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:	1
56. 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:	■ 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. ☐ 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).	The AMIkids Acadiana facility does not isolate or segregate residents, as it operates as an unsecure residential treatment program utilizing open-bay, dormitory-style housing units.
57. 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.

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	13
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. 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.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
63. Were you able to interview the Agency Head?	◉ Yes ○ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☑ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☐ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☑ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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
73. 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
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. 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.

77. 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
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Additional documentation was selected to ensure a thorough review of facility practices and to corroborate information provided in the PAQ, staff/resident interviews, and policies. In some areas, the auditor intentionally oversampled documentation, such as personnel files, training records, and incident reports, to verify consistency across staff and timeframes. No barriers were encountered in accessing additional documentation; the facility provided requested materials promptly and in full, which allowed the auditor to conduct a comprehensive and reliable review.

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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

81. 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	00	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	1	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	**PREA Investigative File Review:** The December 2024 staff-on-resident sexual abuse allegation was reviewed in full. Documentation showed that: • The allegation was immediately reported to OJJ, DCFS, and APSO • OJJ assigned a PREA Field Investigator who conducted interviews, collected statements, and reviewed evidence • APSO determined there was insufficient evidence for criminal charges (unfounded) • OJJ concluded its administrative investigation as unsubstantiated • Notifications were made to the alleged victim in writing regarding the investigative outcome, and the incident was discussed during a Sexual Abuse Incident Review meeting A second incident involving resident-on-resident misconduct (shower curtain incident) was also referred to OJJ for review, even though leadership determined it did not meet the threshold for sexual abuse or sexual harassment, as per the PREA definitions. Documentation showed that OJJ was informed and sufficient facility-level interventions were promptly implemented to prevent the situation from escalating any further. This incident is listed above as the one resident-on-resident sexual harassment investigative files reviewed.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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.	○ Yes ◉ No

Non-certified Support Staff	
103. 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.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.311: Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator **The following is a list of evidence used to determine compliance:** • Agency's PREA Policies (Policy 6.11 – Zero Tolerance and PREA Coordinator Designation) • AMIkids Implementation Plan for Zero Tolerance Policy • Organizational Chart • Pre-Audit Questionnaire (PAQ) • Agency's Zero-Tolerance Policy Statement • Facility's Website • Job Descriptions (PREA Coordinator and PREA Compliance Manager) **Interviews:**

- PREA Compliance Manager (PCM)
- PREA Coordinator (PC)

Site Review Observations:

During the onsite visit, the auditor verified that the facility displays PREA signage throughout the premises. These signs outline the agency's policy for zero tolerance of all forms of abuse, harassment, neglect, exploitation, retaliation, and staff misconduct. In addition, the PREA signs describe clear instructions for making a PREA report, including how any individual can contact external hotlines, submit a grievance, or file a third-party report on behalf of a resident. These posters were available in both Spanish and English.

The facility's PCM was present onsite throughout the audit and granted the auditor full access to all areas of the program. She provided all requested documentation necessary to assess compliance with the PREA standards. The PCM served as the primary point of contact during all phases of the audit and exhibited the necessary time and authority to develop, implement, and oversee PREA initiatives at the facility.

Explanation of Determination:

115.311

(a)

The auditor reviewed the agency's PREA Policy (Policy 6.11), which mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines the agency's comprehensive approach to preventing, detecting, and responding to such conduct, and includes key PREA definitions, mandatory reporting requirements, prohibited behaviors, and the disciplinary process for both residents and adults (staff, volunteers, and contractors). The policy also addresses procedures for ensuring resident and staff safety, including investigative protocols, documentation, and referral to external agencies when applicable.

The auditor was also provided with the "AMIkids Implementation Plan for Zero Tolerance Policy," which reinforces the facility's proactive stance against sexual abuse, sexual harassment, grooming, coercive behaviors, and unwelcome advances. The plan affirms that staff are required to maintain constant line-of-sight supervision of residents and to immediately address any behavior that poses a safety risk.

To support prevention efforts, the agency ensures that all staff receive comprehensive training at the time of hire and annually thereafter. These trainings cover the dynamics of sexual abuse in juvenile settings, prevention strategies, reporting mechanisms, and trauma-informed responses. Residents are also encouraged to report incidents confidentially, through staff, grievance forms, or directly to the PREA Coordinator.

	Policy documentation and training records confirm that reports or suspicions of misconduct must be immediately communicated to a supervisor or the Director of Operations, triggering a formal internal investigation. This response includes separating involved parties, gathering statements, and coordinating with external agencies such as law enforcement and victim advocacy services. Victim safety is prioritized, and accommodations such as medical care, mental health counseling, or housing changes may be initiated based on individual needs. The auditor further verified that all staff, volunteers, and contractors have received training on the agency's zero-tolerance policy and the state's mandatory reporting laws, as supported by applicable training policies. During staff interviews, both security and administrative personnel consistently affirmed their understanding of the policy and confirmed they had received the required training at hire and annually. The PREA Coordinator (PC) and PCM provided detailed descriptions of how the agency implements its zero tolerance policy and confirmed its alignment with state and federal PREA requirements. The auditor also reviewed the facility's website, which includes the zero tolerance policy, PREA reporting options, investigation procedures, PREA data, and other information demonstrating the agency's transparency and commitment to resident safety. **(b)** The agency has designated an upper-level PC who operates at the AMIkids corporate level. According to the PREA policy and the organizational chart, this individual has sufficient time and authority to develop, implement, and oversee agency-wide PREA efforts across all AMIkids programs. The PC's job description and interview confirmed that PREA compliance is their primary responsibility, and they are equipped to initiate and monitor corrective actions as needed. The PC articulated a clear understanding of her duties and shared examples of steps taken to ensure compliance across multiple sites. **(c)** The agency has also designated a PCM at the facility level. Policy 6.11 and the implementation plan confirm that this individual is responsible for coordinating PREA compliance at the program. The PCM's job description and role in overseeing implementation at AMIkids Acadiana were confirmed through documentation and interviews. During the audit, the PCM clearly demonstrated that she has the time and authority necessary to carry out her responsibilities. She was knowledgeable about the PREA standards and had direct access to the Executive Director, allowing her to address issues in real-time and implement corrective measures without delay. **Conclusion:** **Based upon the review and analysis of all available evidence — including**

	policies, interviews, training documentation, and onsite observations — the auditor has determined that AMIkids Acadiana meets all elements of PREA Standard 115.311. No corrective action is required at this time.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.312: Contracting with Other Entities for the Confinement of Residents **The following is a list of evidence used to determine compliance:** • Pre-Audit Questionnaire (PAQ) **Interviews:** • Executive Director • PCM **Explanation of Determination:** **115.312** **(a & b)** Based on information provided by the PCM and Executive Director during onsite interviews, the agency does not contract with private agencies or other entities—including government agencies—for the confinement of its residents. Therefore, the requirements of this PREA standard do not apply. This was further substantiated through review of the AMIkids Acadiana website, which describes the facility as a juvenile justice residential program located in Branch, Louisiana. The program provides 24-hour rehabilitative care for youth referred primarily due to delinquent behavior, and may also include treatment services for youth with mental health and/or substance abuse needs. This operational model confirms that AMIkids Acadiana functions as a post-adjudication program and does not contract with external facilities for youth confinement. **Conclusion:** **Based upon the review and analysis of all available evidence — including the Pre-Audit Questionnaire, interviews, and the agency's operational description — the auditor has determined that AMIkids Acadiana meets all elements of PREA Standard 115.312. No corrective action is required at**

	this time.

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.313: Supervision and Monitoring **The following is a list of evidence used to determine compliance:** • Agency's PREA Policy • Pre-Audit Questionnaire (PAQ) • Most Recent Staffing Plan and Staffing Plan Review • AMIkids Acadiana Unannounced PREA Observation Forms **Interviews:** • Executive Director • PCM • PC • Director of Operations (DO) • 10 Residents (7 Randomly Selected & 3 Targeted) • 13 Randomly Selected Direct Care Staff **Site Review Observations:** During the onsite visit, the auditor observed supervision practices and verified that the facility was in full compliance with its staffing plan, specifically the enhanced PREA minimum ratios of 1:6 during waking hours and 1:12 during sleeping hours. At no time during the audit was the facility observed to be in jeopardy of deviating from its staffing plan, and adequate staffing levels were consistently maintained during observations made by the auditor throughout the onsite. No supervision concerns or safety issues were noted, and staff line-of-sight practices were found to be sufficient for providing direct supervision of youth at all times. The DO described how the weekly staffing schedule is developed to ensure that the required staff-to-resident ratios are maintained on all shifts. The DO presented the staff schedule for the week of July 20–26, 2025, demonstrating that each shift included the necessary number of direct care staff to comply with the facility’s supervision requirements. In addition to regularly scheduled staff, a pool of part-time staff is available and utilized when needed to cover call-ins or absences, ensuring uninterrupted compliance with staffing ratios. During the onsite inspection, the DO also described and demonstrated overnight

supervision practices. For example, he showed the auditor where overnight staff are stationed inside the dorms while youth are sleeping on their bunks and explained how periodic bed checks are conducted and documented throughout the night.

The DO further explained that each shift supervisor is responsible for conducting supervisory rounds, which are in addition to the administrative-level unannounced PREA rounds required under subsection (e) of this standard. Both the DO and a staff supervisor confirmed in interviews that these rounds occur on every shift and are used to assess resident safety and well-being, monitor staff supervision practices, and inspect the physical plant. Documentation of these rounds is maintained in each dorm's staff logbook.

The auditor also met with the DO, who granted full access to the facility's video monitoring system. This system provides continuous 24/7 surveillance of most areas within the facility and was found to be sufficient in supporting resident and staff safety. Importantly, no cameras are installed in areas where youth may be in a state of undress, such as restrooms and showers, thereby ensuring appropriate privacy protections.

Explanation of Determination:

115.313

(a)

In accordance with PREA Standard 115.313(a) and agency PREA Policy 6.13, AMIkids Acadiana has developed, implemented, and documented a comprehensive staffing plan that ensures adequate supervision and, where applicable, video monitoring to protect residents from sexual abuse.

The most recent annual PREA Staffing Plan Assessment, completed on September 11, 2024, evaluated the facility's current staffing levels, physical layout, and monitoring technologies to determine whether sufficient safeguards are in place. The assessment verified that the staffing plan:

- Reflects generally accepted juvenile residential practices
- Incorporates corrective actions from oversight bodies as needed
- Complies with state and local staffing regulations
- Covers all areas where residents are housed or receive services
- Strategically deploys video monitoring to reduce blind spots
- Establishes contingency plans for equipment failure
- Includes supervisory oversight as a core element
- Accounts for the composition of the resident population and patterns in substantiated/unsubstantiated incidents

The staffing plan review was completed and signed by both the PCM and Executive Director. The facility operates with staffing ratios that exceed the federal minimums, maintaining a ratio of 1:6 during waking hours and 1:12 during sleeping hours, in alignment with state licensing requirements.

	Leadership staff confirmed that staffing levels and population data are reviewed daily to ensure continued compliance. The auditor also confirmed the effectiveness of the video monitoring system, which supports both live observation and retrospective review, and is used actively by administrative staff. **(b)** Agency policy requires full compliance with the approved staffing plan, allowing deviations only in limited, discrete exigent circumstances. In such cases, the deviation must be documented in the facility logbook. The Executive Director, DO, and PCM each confirmed during their individual interviews that the facility has not deviated from its approved staffing plan at any time during the audit review period. They further described established procedures for managing and documenting any staffing deviations should they occur. The DO explained that he works closely with facility leadership to maintain adequate coverage at all times and to address any staffing challenges promptly. All AMIkids staff receive training in direct care supervision responsibilities and practices, including PREA employee training, ensuring that every staff member—regardless of primary work assignment—is prepared to assist as needed with facility operations and youth supervision. **(c)** AMIkids Acadiana operates under Louisiana state licensing regulations, which impose stricter staffing ratio requirements than those set forth in the federal PREA standards. In accordance with facility policy and licensing requirements, the minimum staffing levels are 1:6 during waking hours and 1:12 during sleeping hours. These ratios are treated as non-negotiable thresholds to ensure the continuous safety, supervision, and security of youth, and they exceed the minimum coverage requirements of PREA Standard 115.313(c). A review of staffing plans, daily rosters, and shift coverage documentation for the audit review period confirmed consistent compliance with these ratios. Interviews with direct care, administrative, treatment, and case management staff demonstrated a clear and uniform understanding of ratio requirements, as well as the procedures in place to address potential staffing shortfalls. In the event of an unplanned absence or vacancy, the facility’s practice is to immediately deploy qualified personnel from any department—including administrative, treatment, case management, and other trained staff—to provide direct supervision, thereby maintaining required coverage without interruption. Staffing logs, including those for nights, weekends, and holidays, verified adherence to both the state-mandated and policy-mandated ratios throughout the review period. **(d)** In accordance with policy, AMIkids Acadiana conducts a formal annual review of its staffing plan. The most recent review, completed on September 11, 2024, was jointly conducted by the Executive Director and PCM. During interviews, they

explained that this review incorporates input from supervisory staff and considers operational realities such as facility layout, resident population trends, and potential risk areas identified through monitoring or incident analysis.

The Executive Director and PCM each provided detailed and consistent responses to all required interview questions regarding the staffing plan review process. Both demonstrated a comprehensive understanding of the purpose, scope, and procedural requirements of the review, as outlined in facility policy. Their responses aligned closely with the written documentation, reinforcing the accuracy and reliability of the information provided during the audit. They described how the annual review evaluates staffing adequacy by analyzing multiple data sources, including staffing patterns, incident reports, video surveillance coverage, and any internal or external findings that could influence supervision needs.

Documentation confirmed that the 2024 annual review process was thorough and well-documented. Records reflected that the facility evaluated and, when necessary, adjusted staff deployment strategies to strengthen supervision and maintain compliance with both state licensing and PREA requirements. This process demonstrates an ongoing commitment to proactive supervision management, ensuring that staffing remains sufficient to provide a safe, secure, and compliant environment for residents and staff alike.

(e)

Policy 6.13 requires intermediate or higher-level supervisory staff to conduct unannounced rounds during all shifts. The facility provided 12 Unannounced PREA Observation Forms from the past year, documenting such rounds across various shifts. These forms were signed by both the DO and the PCM and included detailed notations about supervision, signage, searches, and staff interactions.

Key findings from the documentation confirmed:

- Logbooks were current
- Youth were under line-of-sight supervision
- PREA posters and hotline information were properly displayed
- Female staff followed protocols when entering sensitive areas
- Strip searches were performed by staff of the same sex
- No incidents of inappropriate contact were recorded

Furthermore, the DO described in detail how he conducts unannounced PREA rounds, which he emphasized are conducted completely at random and occur at least once per month during both day and night shifts. He explained that each round is thoroughly documented using the designated observation forms and reviewed by administrative leadership.

To preserve the integrity of the unannounced nature of these rounds, the DO shared several strategies he uses to prevent staff from alerting others to his presence. He noted that he remains alert to any signs that staff may be signaling one another and

	intentionally varies the timing, route, and even the days on which the rounds are conducted—often performing them on his scheduled days off. By alternating starting points and avoiding predictable patterns, he ensures staff cannot anticipate his arrival. The DO also explained the comprehensive approach he takes during these rounds. He walks through every area of the facility—including housing units, dayrooms, restrooms, classrooms, dining hall, administrative building, educational building, and the outdoor grounds—verifying that residents are safe, that staff are actively engaged in supervision, and that no physical plant hazards or safety concerns are present. He uses this opportunity to engage directly with residents, observe interactions, check for appropriate postings (such as PREA signage), and ensure staff are maintaining appropriate supervision ratios and professional conduct. **Conclusion:** **Based upon the review and analysis of all available evidence — including policies, staffing records, unannounced rounds documentation, interviews, and site observations — the auditor has determined that AMIkids Acadiana meets all elements of PREA Standard 115.313. Moreover, the auditor determined that the facility substantially exceeds the requirements of this standard by maintaining supervision ratios significantly above the federal PREA minimums (1:6 during waking hours and 1:12 during sleeping hours), in alignment with staffing requirements set by Louisiana's regulatory framework for secure youth facilities. No corrective action is required at this time.** **Additionally, the auditor verified that AMIkids Acadiana operates as a fully unsecure program, with no perimeter fencing or locked exit doors, and staff are not authorized to physically prevent a youth from leaving the facility. Youth at the program frequently engage with the local community, and off-site outings are actively encouraged as part of each resident's individualized treatment plan. As such, certain provisions of this standard that apply exclusively to secure juvenile facilities do not apply in this context. However, because the program maintains enhanced staff-to-resident supervision ratios and conducts regular unannounced rounds consistent with PREA expectations, the auditor further concludes that AMIkids Acadiana substantially exceeds the requirements of PREA Standard 115.313.**

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.315: Limits to Cross-Gender Viewing and Searches

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

- Agency PREA Policy #6.15 – Limits to Cross-Gender Viewing and Searches
- PREA Staff Training Curriculum (2025 refresher) – Pat-Down Searches, Transgender/Intersex Search Guidance
- Training Verification Sign-In Sheets
- PREA Annual Training Plan (Policy #331)
- Resident Handbook with PREA Expectations
- Signs Posted in Dorms Reminding Female Staff to Announce Themselves
- Pre-Audit Questionnaire (PAQ)
- Resident Search Policy

Interviews:

- 13 Randomly Selected Direct Care Staff
- 10 Residents (7 Random & 3 Targeted)

Site Review Observations:

During the onsite inspection, the auditor thoroughly examined all areas of the facility where residents may be in a state of undress, including restrooms and shower areas. It was determined that residents are provided with sufficient privacy for changing clothes, using the restroom, and showering. The facility uses an open dormitory layout, and the only private areas are the restroom and shower areas. Each dorm includes two enclosed shower stalls with curtain barriers located behind a privacy wall. Restrooms are also separated behind walls, and each toilet has a private stall.

Additional resident restrooms are located in the Education Building and Dining Hall, and each provides full privacy with individual doors that can be shut. All these areas were verified to be off camera view, ensuring resident privacy is protected.

The auditor also confirmed that the facility has posted clear signage in each dormitory reminding female staff to announce their presence before entering, in accordance with policy and standard practice (AMIkids Acadiana is an all-male facility). During the onsite, the auditor observed no supervision concerns and found that privacy measures and staff behavior were consistent with PREA requirements.

The auditor further confirmed that no cross-gender searches are conducted at the facility. Male staff exclusively perform all pat-down searches, and there are no full strip searches conducted. Youth are permitted to retain their underwear during more intrusive searches, which are limited to post-transport return scenarios. These practices were demonstrated during the audit and confirmed by staff and resident interviews.

Explanation of Compliance Determination:

115.315

(a-c)

AMIkids Acadiana's PREA Policy #6.15 explicitly prohibits cross-gender strip and visual body cavity searches. Cross-gender pat-down searches are allowed only in exigent circumstances and must be documented with written justification. Staff are trained to conduct searches in a professional, respectful, and minimally intrusive manner, including for transgender and intersex residents.

The policy also prohibits searching or physically examining a transgender or intersex resident solely to determine genital status. Residents identifying as transgender or intersex are given the option to choose the staff member (male or female) to perform a pat-down search.

All staff at AMIkids Acadiana receive training on cross-gender search prohibitions, pat-down search procedures, and respectful treatment of transgender and intersex residents during their initial onboarding process. This ensures every employee—regardless of position—understands these requirements before assuming duties that involve resident contact.

On February 26, 2025, staff also completed two PREA refresher training sessions covering PREA guidance on cross-gender pat-down searches, transgender search considerations, the practice of pat-down techniques, and review of video demonstrations. Additional topics included identifying trauma, strategies to avoid false allegations, effective communication, and applicable Louisiana laws on age of consent, as well as staff and resident reporting guidelines. Sign-in sheets confirmed that staff from all departments—direct care, treatment, case management, nursing, instructors, and administrative—participated in the training, totaling 0.75 and 2.5 hours depending on the session attended. Trainers documented the participation of 30+ staff members across both sessions.

In interviews, staff confirmed they had been trained in how to conduct a cross-gender pat-down search in accordance with PREA requirements; however, they all clearly understood that such a search would never be approved under normal circumstances. Staff explained that if a same-gender staff member were not available for a necessary search, alternative measures would be taken—such as calling in a male staff member, contacting local law enforcement if dangerous contraband was suspected, and notifying administrative leadership. They further explained that at least one of the Directors of Operations (DO), both of whom are male, is always on call and available to assist in such situations. All staff stated that during their employment at AMIkids Acadiana, cross-gender pat-down searches have not occurred.

During interviews, several of the male staff members demonstrated the pat-down search process for the auditor, showing how the search is conducted in a same-gender, professional, and respectful manner in accordance with policy and training. These demonstrations were not conducted on residents but were performed solely for illustrative purposes during the audit.

The facility maintains sufficient male staff coverage on all shifts to ensure cross-

	gender pat-downs are unnecessary. This was verified through the auditor's review of staff coverage records and supervision ratio documentation, which confirmed that at least one male staff member was present on every shift reviewed. **(d)** Policy #6.15 prohibits staff of the opposite gender from viewing residents while showering, changing, or using the bathroom, except in exigent circumstances or incidental to routine dorm checks. Opposite-gender staff are required to announce their presence when entering housing units where residents may be undressed. During the onsite audit, the auditor conducted a thorough inspection of all areas where residents may be in a state of undress, in accordance with PREA Standard 115.315(d). This included a physical walkthrough of every shower and restroom in each housing unit, as well as any locations outside the housing units where residents may go to the restroom or change clothes. In each location, the auditor assessed privacy safeguards to determine whether nonmedical staff of the opposite gender could view residents in a state of undress, either directly or indirectly through mirror placement or reflective surfaces. Observations were made from multiple perspectives, including different angles within the room, vantage points from outside doorways, and—where applicable—elevated positions that could exist in multi-tier housing layouts. Mirror placement and sightlines were specifically evaluated to ensure they did not create opportunities for cross-gender viewing. The inspection also included a review of electronic surveillance monitoring areas, such as control rooms where live or recorded video feeds are observed. The auditor examined whether any opposite-gender staff were assigned to monitor cameras that could capture residents in a state of undress, and whether the video system's pan-tilt-zoom capabilities could be used to obtain such views. No such assignments or misuse potential were identified. Camera placements were reviewed, and it was confirmed that none allowed cross-gender viewing of residents in showers, restrooms, or other private areas. No pixilation or blurring software was necessary because cameras were positioned to avoid private areas altogether. Interviews with staff confirmed their understanding of cross-gender viewing prohibitions and the requirement to announce their presence when entering housing units. Staff were also able to explain how camera placement, mirror positioning, and facility procedures work together to maintain resident privacy while supporting supervision and safety. Based on the site inspection, documentation review, and staff interviews, the auditor confirmed the facility is in full compliance with the requirements of this provision. All areas observed met PREA privacy standards, and no deficiencies or risks of cross-gender viewing were identified. **(e)**

	Staff are prohibited from searching or examining transgender or intersex residents solely to determine genital status. Staff confirmed that information about a resident's gender is obtained through intake paperwork, conversations with the resident, and input from case managers, probation officers, parents/guardians, or medical professionals. Because AMIkids Acadiana is a post-adjudication program, resident gender is confirmed prior to admission as part of the application process. In the event that a transgender or intersex resident expresses discomfort with a search, staff explained they would not proceed and would contact their supervisor for guidance, handling the situation on a case-by-case basis to ensure respect and safety. **(f)** All staff receive training on how to conduct pat-down searches of transgender, intersex, and cross-gender residents. This training is provided during initial onboarding and annually thereafter, as confirmed through review of training agendas, sign-in sheets, and staff interviews. The 2025 training, conducted by the PCM and Executive Director, utilized curriculum materials developed by The Moss Group and provided through the PREA Resource Center. The curriculum addressed respectful and professional search procedures, Louisiana age-of-consent laws, effective communication strategies, trauma-informed care, and proper documentation of searches. Staff were instructed on specific considerations when conducting searches involving transgender or intersex residents, including the resident's right to choose the gender of the staff member conducting the search. All interviewed staff confirmed receiving this training and were able to clearly describe the correct procedures for searches involving transgender and intersex residents. When presented with hypothetical scenarios by the auditor—such as situations involving safety concerns or resident requests—staff consistently responded with accurate, policy-aligned actions. These responses demonstrated not only knowledge of the procedures but also competence in applying them in real-world situations. **Conclusion:** **Based upon the review and analysis of all available evidence — including policies, training records, staff acknowledgments, interviews, and site observations — the auditor has determined that AMIkids Acadiana meets all elements of PREA Standard 115.315. The facility has adopted clear policies and consistently demonstrated practices that ensure resident privacy, prohibit inappropriate searches, and safeguard against cross-gender viewing and searches except in rare, documented exigent circumstances. No corrective action is required at this time.**

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.316: Residents with Disabilities and Residents Who Are Limited English Proficient **The following is a list of evidence used to determine compliance:** • Agency PREA Policy #6.16 – Residents with Disabilities and LEP • PREA Staff Training Curriculum – Effective Communication with Youth • PREA Juvenile Intake Resident Orientation Video • AML Global Interpreting Services Information and Email Confirmation • Deaf Action Center and Diocese of Lafayette Resource Brochures and Communications • Resident Handbook with PREA Rights and Reporting Expectations • Resident Education Disabilities List (2025) • Pre-Audit Questionnaire (PAQ) **Interviews:** • Executive Director • PCM • 3 Targeted Resident (2 with disabilities, 1 involved in a prior sexual abuse investigation as the alleged victim) • 7 Randomly Selected Residents • 13 Randomly Selected Direct Care Staff **Site Review Observations:** During the onsite assessment, the auditor observed PREA signage in both English and Spanish prominently posted in key areas of the facility including each housing unit dayroom, the medical area, dining room, administrative area, education building, and public lobby. All signs were clearly printed, undamaged, and placed where residents can easily access and read them. The auditor conducted test calls to external reporting entities, including the Louisiana Office of Juvenile Justice (OJJ) and the Department of Children and Family Services (DCFS). Both confirmed they offer interpreter services upon request and accept anonymous reports. Additionally, the facility's contracted advocacy center, Hearts of Hope, was contacted. It was confirmed that their hotline staff are mandatory reporters and can assist residents in making abuse or harassment reports to outside authorities. **Explanation of Compliance Determination:**

(a–c)

According to AMIkids Acadiana's PREA Policy #6.16, residents with disabilities and those with limited English proficiency (LEP) are guaranteed equal access to participate in and benefit from the facility's PREA education, protection, and reporting efforts. Policy procedures include:

- Providing PREA materials—both written and verbal—in a resident's native language or through audio communication.
- Ensuring that qualified interpreter staff are available to assist residents who are deaf or hard of hearing, unless an emergency situation requires immediate action.
- Requiring documentation in the facility logbook any time a resident interpreter is used due to exigent circumstances.
  To enhance comprehension, AMIkids Acadiana delivers a PREA orientation through a captioned intake video titled "PREA Juvenile Intake – Captioned English" (https://vimeo.com/821317675). The video uses plain language, visual examples, and closed captioning to ensure that residents—including those with learning disabilities or language barriers—understand their rights and how to report sexual abuse or harassment. The content of this video was reviewed by the auditor and found compliant with PREA education requirements.

Staff interviews confirmed that residents are not used as interpreters for serious PREA type situations. Instead, staff described how they are required to contact a professional interpreter or bilingual staff member to assist as needed. The agency maintains a standing agreement with AML Global Interpreting Services, confirmed by documentation and email correspondence provided by the PCM. AML offers a wide array of language services including American Sign Language (ASL), Communication Access Realtime Translation (CART), on-site, video remote, and telephonic interpretation. These services are available on an as-needed basis to support resident communication and accessibility.

Additional interpreter and support services are available through the Deaf Action Center and the Diocese of Lafayette. These organizations offer assistive communication technology, language interpretation, and pastoral support. Their services help ensure that all youth in the program can fully access PREA-related information and protections regardless of language, hearing, or cognitive limitations.

Staff are trained on how to interact effectively and respectfully with residents who have disabilities or LEP. The auditor reviewed the training curriculum on "Effective Communication with Youth," which covers strategies for building trust, maintaining professional boundaries, adapting communication styles, and ensuring trauma-informed, respectful engagement with all residents. Topics include:

- Use of age- and developmentally-appropriate language

- Professional and non-verbal communication strategies
- Respectful interaction with LGBTQI and disabled residents
- Transparency in staff-resident interactions
- Avoidance of resident interpreters except under exigent conditions

This content aligns with PREA Standard 115.316 and ensures staff are prepared to communicate effectively with all residents.

To verify implementation, the auditor reviewed training verification forms signed by staff confirming completion of the required PREA training. The documentation showed consistent participation in onboarding and annual refresher sessions.

The auditor also reviewed the facility's special education caseload, which listed multiple residents with documented educational disabilities receiving specialized services. These records supported the facility's compliance with providing appropriate PREA education and communication accommodations for this population.

Conclusion:

Based upon the review and analysis of all available evidence — including policies, training materials, interpreter services, resident education tools, interviews, and site observations — the auditor has determined that AMIkids Acadiana meets all elements of PREA Standard 115.316. No corrective action is required at this time.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.317 – Hiring and Promotion Decisions **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.17 – Hiring and Promotion Decisions • Hiring Registry Procedures • Pre-Audit Questionnaire (PAQ) • Employment Application Forms • AMIkids New Hire PREA Questionnaire • Criminal History and Child Abuse Registry Check Verifications • State of Louisiana DCFS Central Registry Disclosure Form • Sample Personnel Files (Employees and Contractor)

- Diana Screen Summary and Implementation Evidence
- Corrective Action Plan & Proof Documentation (Completed PREA Questionnaires for New Staff & Contractors)

Interviews Conducted:

- Human Resource Administrator / Business Manager
- PCM

Interviews & Relevant Findings:

During the onsite audit, the auditor interviewed the facility's Human Resource Administrator (Business Manager) and PCM and reviewed 14 personnel files to verify compliance with the hiring and background screening requirements outlined in this standard. The files included 10 recently hired employees, 3 long-tenured employees, and 1 contractor who provides state-required special education services.

The HR Business Manager confirmed that all hiring and promotion procedures outlined in Policy 6.17 are followed in practice, including State and FBI criminal background checks, DCFS State Central Registry child abuse checks, and institutional reference checks where applicable. She also confirmed that applicants and employees complete the AMIkids PREA Questionnaire during the hiring process, and that staff promoted to new positions complete the questionnaire prior to assuming their new role.

The facility also administers the Diana Screen, a research-based, specialized pre-employment screening tool designed to help identify applicants who may be at higher risk of boundary violations or inappropriate behavior with minors. This tool is administered to all applicants prior to hire and is used to enhance the screening process for positions involving contact with youth. The Diana Screen is consistent with national best practices in child safety screening and helps reinforce the facility's commitment to hiring individuals who are appropriate to work in juvenile residential settings.

The auditor reviewed documentation that supported these statements, including:

- National (FBI) and state (LA) criminal background check verifications
- Child abuse registry clearance results
- Institutional reference checks (where applicable)
- Completed AMIkids New Hire PREA Questionnaires and employment application disclosures
- Diana Screen implementation records for recently hired staff

Proof was provided that a recently promoted staff member to a second, newly created, Director of Operations position completed the PREA Questionnaire, confirming provision (f) in practice for promotions. However, when the auditor

requested documentation showing that written self-evaluations include completion of the PREA Questionnaire for current employees, no such documentation was provided.

The PCM provided a Corrective Action Plan (CAP) stating that AMIkids requires staff to disclose any previous misconduct during promotions and that a questionnaire is completed annually with written evaluations by staff to disclose any misconduct. The CAP also commits to retraining all supervisors and counselors by August 30, 2025, to ensure self-evaluations meet the requirements of provision (f).

Explanation of Compliance Determination:

115.317

(a)

Policy 6.17 prohibits hiring, promoting, or contracting with anyone who has:

- Engaged in sexual abuse in any institutional setting, including prison, jail, lockup, community confinement, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
- Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or where the victim did not consent or was unable to consent or refuse.
- Been civilly or administratively adjudicated to have engaged in such behavior.

The policy applies to all employees, contractors, volunteers, mentors, and interns. The definition of sexual misconduct includes sexual harassment, sexual assault, domestic violence, dating violence, stalking, or any conduct of a sexual nature or based on sex or gender that is nonconsensual or has the effect of threatening, intimidating, or coercing a person. The HR Business Manager confirmed these prohibitions are enforced through comprehensive background checks, including Louisiana DCFS Central Registry checks, prior to hire or promotion.

(b)

Policy 6.17 requires the agency to consider any substantiated or unfounded allegations of sexual misconduct, including sexual harassment, when making hiring or promotion decisions. These findings are reviewed on a case-by-case basis by Human Resources in consultation with agency and facility leadership. Additionally, the licensing authority, DCFS, conducts screening for all applicants seeking employment at the AMIkids Acadiana program. Any instance of sexual misconduct involving a current or prospective employee is assessed individually by DCFS.

(c–e)

According to Policy 6.17 and Louisiana DCFS licensing requirements, all applicants and contractors must undergo:

- State (LA) and FBI fingerprint-based criminal background checks
- DCFS State Central Registry (SCR) child abuse and neglect checks
- Institutional reference checks, with best efforts to contact prior institutional employers for all hires

These screenings are conducted for every new hire and are repeated at least every five years, with annual criminal background rechecks for all current staff. Personnel file reviews confirmed documentation of these screenings.

As part of the SCR process, the facility requires completion of the Louisiana DCFS State Central Registry Disclosure Form by each individual owner, operator, administrator, employee, volunteer, or contractor prior to hire or service. The form requires the applicant to disclose whether they are currently recorded as a perpetrator on the SCR for a justified finding of child abuse or neglect, or have been determined to have a valid finding through the Risk Evaluation Panel process. The form also advises that any falsification is subject to penalties under R.S. 46:1414.1.C or R.S. 15:1110.2(C).

If the DCFS Licensing Section has reasonable suspicion or receives information that an applicant may be listed on the SCR, the department may request a clearance without the applicant's permission. If the name is confirmed, DCFS will notify both the facility and the appropriate District Attorney's Office. These safeguards are applied in addition to the fingerprint-based criminal background checks required under R.S. 15:587.1 and R.S. 46:51.2.

DCFS applies these requirements uniformly across all licensed juvenile residential facilities in Louisiana, and any indication of sexual misconduct or disqualifying history is assessed on a case-by-case basis in accordance with licensing standards.

The facility also administers the Diana Screen to all applicants prior to hire, which evaluates an individual's suitability to work with children based on scientifically validated screening items related to boundary violations. This added layer of screening ensures that hiring decisions are informed by a tool specifically designed to identify potential risk factors, reinforcing the facility's efforts to prevent the hiring of individuals who pose a risk of sexual misconduct.

(f)

Policy 6.17 requires AMIkids to ask all applicants and employees about prior misconduct "in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of the review of current employees." Documentation confirmed that this practice is followed for promotions (e.g., the Director of Operations position). However, the facility was unable to provide documentation demonstrating that written self-evaluations for current employees include the PREA Questionnaire.

To address this deficiency, the PCM developed a corrective action plan (CAP) requiring all employees to complete the agency's PREA Questionnaire as part of

	their annual self-evaluation process. The CAP was drafted and signed by the program's Business Manager and outlined the upcoming evaluations scheduled for October 2025. To demonstrate implementation of the CAP, the PCM provided the auditor with completed PREA Questionnaires that correspond with employee evaluations conducted in October 2025, confirming that the corrective measure was fully executed in practice. **(g)** The agency's policy states that any omission or false statement regarding prior misconduct is grounds for termination. **(h)** Policy 6.17 requires employees to report any arrest (including notices to appear in court for a criminal charge) to their immediate supervisor within 24 hours. Failure to report an arrest timely, or to provide an explanation for delay, may result in disciplinary action up to and including termination. The HR Business Manager also confirmed the facility's practice of disclosing substantiated PREA-related findings to future employers unless prohibited by law. Signed release forms are maintained in personnel files. **Finding Statement:** The facility was unable to provide documentation demonstrating that written self-evaluations by staff include completion of the PREA Questionnaire, as required by provision (f). While the practice was confirmed for promotions, no documentation exists for self-evaluations of current employees. A corrective action plan was provided committing to retraining supervisors and counselors and ensuring self-evaluations meet the requirement by August 30, 2025. **Corrective Action Plan (CAP):** The PCM developed a corrective action plan (CAP) requiring all employees to complete the agency's PREA Questionnaire as part of their annual self-evaluation process. The CAP was drafted and signed by the program's Business Manager and outlined the upcoming evaluations scheduled for October 2025. **CAP Implementation Review:** To verify the implementation of the corrective action, the PCM provided the auditor with completed PREA Questionnaires for two supervisors who were recently promoted, dated August 25, 2025, and August 26, 2025. In addition, the facility reported that it has incorporated the PREA Questionnaire into the annual evaluation process for all current employees. The Business Manager is responsible for ensuring that each staff member completes the PREA Questionnaire during their scheduled annual self-evaluation at their anniversary date.

	To demonstrate the corrective measure was fully implemented in practice, the PCM also provided the auditor with samples of completed PREA Questionnaires corresponding with the October 2025 self-evaluations. These documents confirmed that the PREA Questionnaire is now an established component of the annual review process and that staff are attesting to prior misconduct disclosures as required. Each questionnaire included six PREA screening questions consistent with provision (f) of PREA Standard 115.317 (Hiring and Promotion Decisions). Staff affirmed that they had not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; had not been convicted of or adjudicated for engaging in sexual activity by force, coercion, or with someone unable to consent; had not been involved in incidents of sexual harassment; had not been the subject of prior allegations of sexual abuse in previous employment; and had not omitted or provided materially false information regarding such misconduct. All questionnaires were signed and dated by employees, confirming acknowledgment and compliance. The samples of completed PREA Questionnaires corresponding with employees' self-evaluations provided sufficient evidence that AMIkids Acadiana has effectively implemented its corrective action plan. The facility now consistently applies the PREA Questionnaire process during both staff promotions and annual self-evaluations, demonstrating sustained compliance with the federal PREA hiring and promotion prohibitions under Standard 115.317(f). **Conclusion:** **AMIkids Acadiana was initially found non-compliant with provision (f) of PREA Standard 115.317, which requires documentation that staff self-evaluations include completion of the PREA Questionnaire. During the corrective action period, the facility implemented its CAP by integrating the PREA Questionnaire into the annual review process and providing verification of training and completed documentation demonstrating compliance in practice. Based on the corrective action, supporting documentation, and verification of implementation, AMIkids Acadiana is now in full compliance with all provisions of PREA Standard 115.317.**

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.318: Upgrades to Facilities and Technologies **The following is a list of evidence used to determine compliance:**

- AMIkids PREA Policy #6.18 – Upgrades to Facilities and Technology
- PAQ

Interviews:

- Executive Director
- PCM
- DO

Site Review Observations:

During the onsite visit, the auditor conducted a full walkthrough of the AMIkids Acadiana physical plant and met with the DO to assess the facility's video surveillance system. The DO demonstrated the current monitoring system from his office workstation and explained how the system supports resident supervision and safety.

At the time of the audit, no substantial modifications or expansions to the physical plant or surveillance system had occurred since the last PREA audit cycle. However, the auditor was advised that the facility is currently exploring the addition of new cameras to reduce or eliminate existing blind spots in certain areas. These enhancements are in the planning phase and have not yet been implemented. The DO confirmed that no major technological upgrades had occurred during the current audit period.

Explanation of Compliance Determination:

(a–b)

Policy #6.18 affirms that AMIkids considers the impact of any facility expansion, acquisition, or modification—whether structural or technological—on its ability to protect residents from sexual abuse. Specifically, the policy states:

- "AMIkids will consider the effect of any design, acquisition, expansion or modification of physical plant or monitoring technology on the agency's ability to protect residents from sexual abuse."

This requirement is built into the agency's facility planning and evaluation procedures. The policy also indicates that areas identified as blind spots are reviewed, and mitigation strategies (e.g., the installation of convex safety mirrors or camera adjustments) are considered as part of ongoing facility safety assessments.

The PCM and Executive Director both confirmed that the agency has not made significant changes to the facility layout or monitoring technology during this audit period. Any future modifications or camera enhancements will be reviewed with the PREA standard in mind and documented accordingly.

Although no upgrades were required or implemented during this audit cycle, the

	facility has demonstrated awareness of potential safety vulnerabilities and is actively planning technological improvements that would enhance supervision and resident safety, in alignment with the intent of PREA Standard 115.318. **Conclusion:** **Based upon the review and analysis of all available evidence — including policy, interviews, site observations, and documentation — the auditor has determined that AMIkids Acadiana meets all elements of PREA Standard 115.318. No corrective action is required at this time.**

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.321 – Evidence Protocol and Forensic Medical Examinations **Evidence Reviewed to Determine Compliance:** • Agency's PREA Policy • PAQ • Policy #6.21 – Evidence Protocol and Forensic Medical Examinations • Policy #6.76 – Responsive Planning of Referrals for Investigations • Louisiana Office of Juvenile Justice (OJJ) PREA Coordinated Response to Sexual Abuse Incidents • AMIkids Acadiana PREA Incident Response Reporting Document • Memorandum of Understanding between Hearts of Hope and AMIkids Acadiana (May 2023) • Letter from OJJ Investigative Services Director confirming investigative staffing • PREA Investigative File Reviews (staff-on-resident allegation; resident-on-resident incident) • Interviews with 13 randomly selected Direct Care Staff, the Executive Director, PCM, and PC **Interviews Conducted:** • Executive Director • PCM • PC • Program Coordinator

- 13 randomly selected Direct Care Staff
- Resident involved in a 2024 staff-on-resident PREA allegation
- Representative from Hearts of Hope Child Advocacy Organization

Site Review Observations:

During the onsite audit, the auditor confirmed that AMIkids Acadiana does not conduct criminal investigations. Allegations of sexual abuse or sexual harassment that may involve criminal conduct are immediately referred to the Acadia Parish Sheriff's Office (APSO). APSO is responsible for evidence collection, interviewing involved parties, and pursuing criminal charges when appropriate. The facility maintains a coordinated relationship with Hearts of Hope, which provides 24/7 victim advocacy and coordinates Sexual Assault Nurse Examiner (SANE) services at local hospitals.

The facility's Coordinated Response Plan and Sexual Abuse Incident Check Sheet require that when an incident occurs within 72 hours of alleged penetration, staff ensure the alleged victim is transported promptly to a medical facility for forensic examination. Victims are offered the presence of an advocate or qualified staff member during exams and are informed of their rights under state and federal law. The nurse or advocate explains the need for a forensic exam and the victim's options, ensuring informed consent.

The auditor verified that PREA informational postings in the facility include contact numbers for APSO, Hearts of Hope, and other external resources. Staff interviews confirmed that all staff understand the process for preserving evidence, protecting the victim, and ensuring timely access to forensic medical services.

Explanation of Compliance Determination:

(a)

AMIkids Acadiana's PREA policy specifies that, to the extent the agency is responsible for investigating allegations of sexual abuse, it will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. The facility itself does not conduct such investigations; instead, OJJ conducts administrative investigations and APSO conducts criminal investigations. This was confirmed via onsite interviews, review of investigative files, and a signed memorandum from OJJ's Colonel of Investigative Services confirming that OJJ has 27 specially trained PREA investigators statewide. Documentation showed that all allegations are promptly reported to OJJ and APSO when applicable.

(b)

The agency's PREA policy requires that the evidence protocol be developmentally appropriate for youth and adapted from the most recent U.S. Department of Justice Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or an equally authoritative protocol.

(c) & (d)

The agency's policy requires offering all residents who experience sexual abuse access to forensic medical examinations without cost, performed by a SANE or SAFE when possible. The facility contracts with Hearts of Hope, which coordinates advocacy, forensic medical examinations, and SANE services. The May 2023 MOU outlines Hearts of Hope's responsibilities, including:

- Coordinating with law enforcement, SANEs, advocates, therapists, and other necessary parties
- Providing 24/7 crisis line access (337-233-7273)
- Ensuring SANE services at Lafayette Parish hospitals (designated SANE sites)
- Providing training to AMIkids staff on sexual abuse, sexual assault, human trafficking, and physical abuse
- Providing forensic interview services to DCFS or law enforcement
- Providing advocacy, counseling, and educational services to residents who report sexual abuse or assault

While onsite, the auditor made a test call to the Hearts of Hope crisis line. The representative who answered described the victim services provided and confirmed that all Hearts of Hope staff are mandatory reporters required to follow state reporting laws to DCFS and law enforcement. The representative confirmed that the services outlined in the MOU are available to any juvenile victim of sexual abuse, including youth from AMIkids Acadiana, who may contact Hearts of Hope at any time to make a PREA report or receive victim advocacy and emotional support services. Interpreting services are available on an as-needed basis to ensure accessibility for all victims. The representative also confirmed that Hearts of Hope provides PREA-related training for AMIkids Acadiana staff and conducts educational sessions for residents regarding sexual abuse, sexual harassment, and available victim services.

(e)

Per policy, at the victim's request, a victim advocate, qualified agency staff member, or qualified community-based staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, and referrals.

(f)

Because the facility does not investigate allegations, policy requires requesting that OJJ and APSO follow the requirements of 115.321(a) through (e). This practice was confirmed by the OJJ memorandum and investigative file documentation.

(h)

Policy defines a qualified agency or community-based staff member as one screened for appropriateness and trained on sexual assault and forensic examination issues.

Staff Interviews

All interviewed staff confirmed they are mandatory reporters and must immediately notify their supervisor, OJJ, APSO, and DCFS of any allegations. The resident involved in the 2024 staff-on-resident allegation stated the alleged incident did not occur but confirmed the facility took the allegation seriously, reporting it to all required agencies. The resident declined a victim advocate but did receive weekly counseling sessions as part of their treatment plan.

PREA Investigative File Review

Two PREA related incidents were reviewed since the last audit:

1. A 2024 staff-on-resident allegation – promptly reported to OJJ, APSO, and DCFS; investigated separately by OJJ (unsubstantiated) and APSO (unfounded). Documentation included incident reports, OJJ PREA Field Investigation Report, DCFS report confirmation, witness statements, resident notifications, Sexual Abuse Incident Review, and periodic risk assessments.
2. A resident-on-resident incident involving one resident pulling down another's shower curtain – addressed immediately, with the offending resident removed from the dorm, counseled, reassigned housing, and provided PREA education. Leadership determined the incident did not meet the threshold for sexual abuse or harassment but documented corrective measures and counseling.

Conclusion

Based on policy review, MOUs, investigative file analysis, and staff and resident interviews, AMIkids Acadiana meets all elements of PREA Standard 115.321. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.322 – Policies to Ensure Referrals of Allegations for Investigations **Evidence Reviewed to Determine Compliance:** • Agency PREA Policy #6.76 – Responsive Planning of Referrals for Investigations

- Louisiana Office of Juvenile Justice (OJJ) PREA Coordinated Response to Sexual Abuse Incidents
- AMIkids Acadiana PREA Incident Response Reporting Document
- PREA investigative file reviews, including December 2024 staff-on-resident allegation
- Memorandum of Understanding with Hearts of Hope (May 2023)
- PAQ
- Staff Interviews
- OJJ Coordinated Response Checklist

Interviews Conducted:

- Executive Director
- PCM
- PC
- 13 randomly selected Direct Care Staff

Site Review Observations:

Facility postings and policy documents confirmed that AMIkids Acadiana does not conduct its own criminal or administrative investigations. All allegations are referred immediately to OJJ for administrative investigations and to the Acadia Parish Sheriff's Office (APSO) for criminal investigations when applicable. Staff interviews demonstrated a consistent understanding of mandatory reporting obligations, referral protocols, and the distinct roles of OJJ, APSO, and DCFS.

Explanation of Compliance Determination:

(a) & (b)

Policy #6.76 requires that all allegations of sexual abuse or harassment be immediately referred to the appropriate external agency:

- OJJ for administrative investigations
- APSO for criminal investigations
- Louisiana Department of Children and Family Services (DCFS) for all allegations involving youth

The policy also requires that all reports of sexual abuse and sexual harassment be documented, including the date, time, agency notified, and the staff member making the report. In compliance with this PREA standard, the agency's mandatory reporting policy is made publicly available through the agency's website, allowing members of the public to review both the procedures for reporting and the investigative process. The auditor verified that this information is posted on the facility's website (https://amikids.org/location/amikids-acadiana/). The Executive Director and PCM are responsible for ensuring these notifications are made promptly—by phone and email—and for fully cooperating with investigative

authorities.

As per the facility's website:

Reporting a PREA Incident

- All reports of sexual abuse or sexual harassment will be investigated and addressed. Youth, employees, and third parties can report incidents of sexual abuse or sexual harassment in verbal or written formats. All parties can file a report by calling 1-813-887-3300. Reporters can remain anonymous or provide contact information in the event more information is needed.
- State entities will process any allegations or complaints related to abuse and/or neglect. To avoid potential impediments, AMIkids will not conduct their internal investigation until law enforcement, Protective Services, and other applicable agencies have completed their investigation, and the Program is cleared to do so.

In addition, the facility’s OJJ Coordinated Response Checklist outlines required steps when an allegation is received:

- First Responder secures the scene, separates the alleged victim and perpetrator, instructs both not to take actions that could destroy evidence (e.g., washing, changing clothes, using the restroom), and notifies the Shift Supervisor.
- Shift Supervisor notifies the Facility Director, medical staff if applicable, the PREA Compliance Manager, OJJ, and APSO as appropriate; ensures the First Responder has completed all required documentation; and confirms that all witnesses complete Unusual Occurrence Reports (UORs).
- If the report is within 72 hours of an alleged penetration, the victim is transported to a medical facility for a forensic exam, accompanied by a victim advocate when possible.
- The Shift Supervisor ensures victim safety accommodations (e.g., separation from the alleged perpetrator, continuous sight supervision if necessary).
- Documentation is forwarded to OJJ within 24 hours of the incident or report. Staff interviews and documentation review confirmed that personnel at all levels can accurately describe this referral process, the sequence of required notifications, the distinction between criminal and administrative investigations, and the importance of immediate action to preserve evidence and protect the victim.

(c)

The policy outlines the investigative responsibilities of OJJ and APSO, including:

- OJJ assigns a PREA Field Investigator within 72 hours of notification to meet with the victim, alleged perpetrator, witnesses, the PREA Compliance

Manager, and APSO investigator
- OJJ compiles and uploads investigative reports to its PREA database within 30 days of notification and provides written findings to the facility
- APSO conducts criminal investigations, collects evidence, interviews involved parties, and refers completed cases to the District Attorney as warranted

The OJJ Coordinated Response Checklist confirms the sequence of notifications, documentation, and follow-up actions required for each PREA-related incident, including convening a Sexual Assault Response Team (SART) meeting within 72 hours and conducting a Sexual Abuse Incident Review within 30 days of the investigation's outcome. In addition, the auditor confirmed that the facility's website includes information describing the responsibilities of both the agency and the investigating entity.

PREA Investigative File Review

The December 2024 staff-on-resident sexual abuse allegation was reviewed in full. Documentation showed that:

- The allegation was immediately reported to OJJ, DCFS, and APSO
- OJJ assigned a PREA Field Investigator who conducted interviews, collected statements, and reviewed evidence
- APSO determined there was insufficient evidence for criminal charges (unfounded)
- OJJ concluded its administrative investigation as unsubstantiated
- Notifications were made to the alleged victim in writing regarding the investigative outcome, and the incident was discussed during a Sexual Abuse Incident Review meeting

A second incident involving resident-on-resident misconduct (shower curtain incident) was also referred to OJJ for review, even though leadership determined it did not meet the threshold for sexual abuse or sexual harassment, as per the PREA definitions. Documentation showed that OJJ was informed and sufficient facility-level interventions were promptly implemented to prevent the situation from escalating any further.

Conclusion:

Based on policy review, documentation, interviews, and confirmation of services provided through Hearts of Hope, AMIkids Acadiana meets the requirements of PREA Standard 115.322. All allegations are referred to the appropriate investigative agency, referrals are documented, and investigative responsibilities are clearly defined. No corrective action is required.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.331 – Employee Training **Evidence Reviewed to Determine Compliance** • AMIkids Acadiana Policy 331 – Employee Training and Education • 2024–2025 PREA Refresher Training materials • PREA new hire training curriculum • PREA training verification forms for onboarding and refresher sessions • Sample personnel files (10 newly hired employees, 3 veteran staff, 1 contractor) • PAQ **Interviews Conducted** • Executive Director • PCM • 13 Direct Care Staff **Interviews & Relevant Findings:** During the onsite audit, the auditor interviewed thirteen direct care staff as a representative sample selected by the auditor. All interviewed staff were able to clearly articulate their understanding of the PREA training they had received, covering the full scope of topics required under this standard. In response to open-ended questions, staff described several key topics they recalled from training, including: the agency's zero-tolerance policy toward sexual abuse and sexual harassment; how to detect and respond to signs of abuse; multiple methods for reporting; the prohibition against staff-resident sexual contact; residents' rights; mandatory reporting requirements; and their duty to protect residents from retaliation. All thirteen staff confirmed they had received comprehensive PREA training during their initial onboarding process when first hired, as well as annual refresher trainings. They reported that refresher trainings cover PREA requirements in detail, reinforces reporting obligations, and includes updated guidance on maintaining professional boundaries, monitoring for blind spots, and supporting residents in making reports. The Executive Director and PCM were also interviewed individually and described the agency's staff and contractor training process. Both administrators confirmed they work together to ensure all new staff, contractors, and volunteers complete the required PREA training before having contact with residents. They also provide

periodic refresher sessions throughout the year, incorporating case examples and lessons learned from incident reviews to strengthen staff knowledge and application of PREA standards in practice. In addition, Hearts of Hope also provides additional PREA trainings to staff and residents, as confirmed by the interviews conducted onsite.

The auditor reviewed training verification records for the last ten staff hired, three veteran staff, and one contractor. All files contained documentation of completed PREA training during onboarding and applicable refresher sessions. The training verification forms and associated materials demonstrated that training covers all required topics and that staff sign acknowledgments verifying their understanding.

Explanation of Compliance Determination:

115.331

(a)

Policy 331 requires all employees to receive training on each of the eleven elements specified in this PREA provision, including the agency's zero-tolerance policy toward sexual abuse and sexual harassment, how to detect, prevent, and respond to such incidents, residents' rights, the duty to report, and the prohibition against retaliation. Employees are also trained on the dynamics of sexual abuse in juvenile facilities, common reactions of youth victims, and recognizing signs of threatened and actual abuse. The training further covers how to avoid inappropriate relationships with residents, communicate effectively with youth (including those who are LGBTQI or gender nonconforming), and comply with applicable laws regarding mandatory reporting.

The auditor reviewed the facility's PREA training curriculum and 2024–2025 refresher training materials, which at a minimum include all required PREA topics and expand on them with practical application, such as:

- Monitoring for safety and blind spots.
- Recognizing behavioral red flags and grooming behaviors.
- Understanding third-party and anonymous reporting processes.
- Maintaining professional boundaries and avoiding the "gray area."
- Louisiana criminal statutes related to sexual abuse and the age of consent.
- Procedures for first responders and staff duties under related PREA standards.
- The curriculum and refresher content confirm that training addresses all required PREA elements and incorporates scenario-based discussions to reinforce comprehension and application in the facility setting.

(b)

The auditor confirmed that staff PREA training is tailored to the unique needs and attributes of residents in juvenile facilities and to the gender of the residents at this facility, which houses only male youth. The Executive Director and PCM further

	confirmed that all new staff are required to complete the full PREA training upon hire, regardless of whether they are transferring from another facility. **(c)** Refresher training is provided annually to all staff to ensure continued understanding and compliance. Additional targeted refreshers PREA trainings are conducted throughout the year when policy updates or incident reviews indicate a need. The auditor also confirmed that Hearts of Hope sends trainers to the AMIkids Acadiana facility at least once per year to train all staff on PREA related topics, as well as provides all residents with refresher PREA educational sessions while onsite during these periodic staff trainings. **(d)** All PREA training is documented and maintained by the facility's administration, as verified by the auditor during the onsite. The auditor reviewed staff PREA training files for a representative sample of new hires, veteran staff, and a contracted special education provider. The review confirmed that all employees had successfully completed the required PREA training upon hire and participated in annual PREA refresher sessions thereafter. Each file contained signed verification forms acknowledging completion of the training. The staff training verification forms included the following acknowledgment statement, confirming that all attendees understood the training content: • "By signing this training form, I acknowledge that I have received and understood the training material presented in the above-noted PREA topic areas." **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.331. Policy 331 and training materials demonstrate coverage of all required topics. Documentation confirms staff receive this training during onboarding and annually thereafter, with periodic refreshers provided throughout the year. Interviews with twelve direct care staff showed strong retention of training content, and the Executive Director and PCM confirmed consistent implementation of the training process for all employees and contractors.**

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

PREA Standard 115.332 – Volunteer and Contractor Training

Evidence Reviewed to Determine Compliance:

- AMIkids Acadiana Policy 332 – Volunteer and Contractor Training
- PREA Volunteers and Contractor Training curriculum and materials
- Contractor PREA training verification documents (special education services provider)
- PAQ

Interviews Conducted

- Executive Director
- PCM
- Contractor providing special educational services

Site Review Observations & Interviews

During the onsite audit, the auditor interviewed the facility's only contractor who has direct contact with residents — a special education services provider employed by the local school district. The contractor confirmed completion of the required PREA training prior to providing services and demonstrated familiarity with the mandatory reporting protocols for incidents of sexual abuse or sexual harassment. The contractor explained the procedures for reporting verbally to administrative staff and submitting a written report to AMIkids and DCFS, as applicable.

The contractor training curriculum, as outlined in the PREA Volunteers and Contractor Training document, includes the agency's zero-tolerance policy, definitions of sexual abuse and sexual harassment, prohibited behaviors, maintaining professional boundaries, detecting signs of abuse, mandatory reporting requirements, and available reporting methods. It also covers professional conduct expectations, examples of boundary violations, and the consequences of engaging in sexual abuse or harassment, including removal from the facility, contract termination, reporting to licensing bodies, and potential criminal prosecution.

The auditor reviewed the contractor's signed PREA training verification, which includes an acknowledgment of understanding of all training topics.

Explanation of Compliance Determination:

115.332

(a)

Policy 332 and the contractor training curriculum require that all volunteers and contractors who may have contact with residents receive training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, as well as the agency's zero-tolerance policy. Training topics reviewed in the 2024–2025 contractor PREA

	curriculum included, at a minimum: • The agency’s zero-tolerance policy toward sexual abuse and sexual harassment • Definitions and examples of prohibited conduct • Professional boundaries and the prohibition of overfamiliarity with residents • How to detect and respond to signs of threatened or actual sexual abuse or harassment • Residents’ rights to be free from sexual abuse, sexual harassment, and retaliation • Mandatory reporting requirements and procedures for making a report • Methods of reporting incidents within the facility and to outside agencies • The dynamics of sexual abuse and sexual harassment in juvenile facilities • Consequences for engaging in prohibited behaviors, including removal, contract termination, referral to licensing bodies, and possible criminal prosecution **(b)** The training is tailored to the unique role of volunteers and contractors, emphasizing professional boundaries, prohibiting overfamiliarity, and identifying inappropriate behaviors. It also addresses the gender and age of the residents (all male juvenile population) to ensure relevance. **(c)** The auditor confirmed through review of the contractor’s personnel/training file that the training was completed and a signed acknowledgment form was on file verifying understanding of the material presented. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.332. The facility ensures that all volunteers and contractors with potential contact with residents receive specialized PREA training prior to service. The sole contractor interviewed demonstrated knowledge of the agency’s zero-tolerance policy, reporting responsibilities, and professional boundary requirements. Documentation confirmed training completion and acknowledgment, consistent with policy and the PREA standard.**

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.333 – Resident Education

Evidence Reviewed to Determine Compliance

- AMIkids Acadiana Policy 332 – Resident Education
- PREA Folder containing PREA educational materials (brochure, reporting information, grievance form, hotline contacts)
- Resident PREA brochures (English/Spanish)
- PREA education handouts and resident video
- Resident Handbook (PREA section)
- Grievance and third-party reporting forms
- Documentation of intake orientation and comprehensive education for a representative resident sample
- PREA posters observed in administration, dining hall, education areas, and dorms
- AMIkids Acadiana Policy 6.16 – Residents with Disabilities and Residents Who Are Limited English Proficient
- In-house interpreter support list
- 2025 Special Education roster
- PAQ
- PREA Staff Training materials (2024–2025 refresher sessions)
-

Interviews Conducted

- Executive Director
- PCM
- Case Manager (CM) responsible for resident PREA orientation and education
- Seven randomly selected residents
- Three targeted residents (youth with prior sexual victimization; youth alleged victim at facility; two with mental health/cognitive disabilities)

Site Review Observations & Interviews:

During the onsite audit, the auditor interviewed a representative sample of seven (7) randomly selected residents and three (3) targeted residents. The targeted interviews included: one youth identified on the risk screening with prior sexual victimization and was involved in a staff-on-resident sexual abuse allegation at the facility and two youth with documented mental health or cognitive disabilities.

All interviewed residents stated that upon arrival, they met with the CM in her office for their PREA intake orientation. They described watching the PREA resident education video, receiving verbal PREA information from the CM, and being provided with a PREA Folder. This folder contains the PREA brochure (English or Spanish), grievance form, hotline numbers, reporting instructions, and other PREA-related handouts. Residents reported they were allowed to take the folder back to their dorms. Some residents still had their PREA folders at the time of the interview, while others stated they had discarded them.

	The auditor viewed the PREA resident education video onsite and confirmed that it includes all required PREA educational elements set forth by this standard, as well as additional information. Required elements covered in the video include: the definition of PREA, the agency's zero-tolerance policy, residents' rights to be free from sexual abuse, sexual harassment, and retaliation, examples of prohibited conduct, multiple methods of reporting, the right to confidential support services, retaliation prevention measures, the investigative process, and applicable sanctions. The video also provides supplemental content, including personal safety tips and guidance on recognizing risky situations. Residents accurately described multiple ways to report sexual abuse, sexual harassment, or retaliation: completing a grievance form with or without their name, writing their report on a blank piece of paper, calling an abuse hotline (with the option to report anonymously), telling a staff member or trusted adult, or informing their parent/guardian or Juvenile Probation Officer. All residents demonstrated understanding of behaviors that must be reported, including sexual abuse, sexual harassment, and retaliation. Residents confirmed that within 10 days of arrival, PREA information was revisited by the CM, PCM, or other staff to ensure comprehension. They were asked additional questions and provided further explanation when needed. The CM was interviewed and explained her step-by-step intake process. She reviews the PREA Folder and handouts with each new resident, shows the PREA video, verbally explains the agency's zero-tolerance policy, reporting methods, and residents' rights, then asks comprehension questions. The CM and resident sign an acknowledgment form, which is filed in the resident's record. If a resident shows difficulty understanding the information, she will adapt her explanation, use simplified language, or involve the PCM, Executive Director, or specialized educational staff to assist. The auditor observed this process firsthand during a new intake. The CM reviewed the PREA Folder contents, played the PREA video, engaged the resident in discussion to confirm understanding, and obtained signed acknowledgment. The resident received the PREA Folder at the conclusion of the session. During the site tour, PREA informational posters were observed in the administration building, dining hall, education areas, and each dormitory. Spanish-language PREA materials were available, and the facility maintains an in-house interpreter list. Policy 6.16 and practice also ensure accommodations for residents with disabilities or limited English proficiency, consistent with the accessibility practices confirmed in PREA Standard 115.316. The auditor also confirmed that the CM and other staff responsible for delivering PREA education have received PREA training consistent with Policy 332 and the facility's annual training plan. Training materials reviewed from the 2024–2025 refresher sessions included instruction on recognizing behavioral indicators of possible sexual abuse or harassment, understanding the dynamics of abuse in juvenile facilities, avoiding inappropriate staff-resident relationships, monitoring for

blind spots, handling third-party and anonymous reports, ensuring equal reporting access, and knowledge of Louisiana sexual abuse laws. This comprehensive training equips staff to deliver PREA education accurately, age-appropriately, and accessibly, ensuring alignment with PREA standard requirements and best practices.

Explanation of Compliance Determination:

115.333

(a)

Policy 332 and facility practice require all residents to receive PREA education at intake. This includes:

- A face-to-face session with the Case Manager (CM)
- Viewing of a PREA video that covers all required educational elements

Issuance of a PREA Folder containing:

- PREA brochure (English or Spanish)
- Grievance form
- Hotline contact numbers (including Office of Juvenile Justice Investigative Services)
- Reporting instructions
- Overview of healthy vs. unhealthy relationships
- Summary of rights, available support services, and retaliation protections

All ten residents interviewed confirmed in their individual interviews that this intake process occurred and was explained clearly. The CM also demonstrated the process during an observed intake by the auditor, ensuring youth watched the full PREA video, reviewed the materials, and were asked comprehension questions before signing an acknowledgment form. The signed form is retained in the youth’s file

(b)

Though Policy 332 does not specifically state a 10-day requirement, in practice, AMIkids Acadiana provides comprehensive, age-appropriate PREA education to residents within 10 days of intake. During resident and staff interviews, all parties confirmed that this follow-up education occurs in a timely manner and reinforces the content delivered at intake.

The auditor also reviewed documentation verifying that comprehensive PREA education was provided to each resident included in the sample size, and that this education occurred within the required 10-day timeframe. The records included signed acknowledgment forms and date-stamped entries indicating that each youth participated in the full comprehensive PREA educational sessions with the CM and/or PCM. These sessions provide an opportunity for clarification, reinforce residents’ understanding, and allow staff to assess comprehension.

	The comprehensive education includes: • Review of the PREA video • Re-explanation of key rights and reporting options • Use of the PREA Folder materials (brochure, hotline numbers, grievance form, reporting instructions) • Resident engagement through discussion or Q&A to assess understanding This practice aligns with the intent of the standard and ensures that youth are not only informed at intake, but also have a structured opportunity to revisit and process this important information soon after arrival. Additionally, the auditor determined that the extensive PREA orientation education provided by the Case Manager during the initial intake process satisfies not only provision (a) of this standard but also meets the intent and practical implementation required under provision (b). As an added layer of reinforcement, the facility's Periodic PREA Residential Risk Assessment form includes a direct question asking residents whether they are aware of the different methods available to report sexual abuse or sexual harassment. This built-in feature allows staff to assess and reaffirm each resident's understanding of reporting mechanisms beyond the initial and comprehensive education phases. The auditor reviewed seven completed periodic assessments, all of which documented that the residents affirmed they knew how to report. This practice demonstrates that AMIkids Acadiana not only delivers PREA education early but also takes deliberate steps to ensure that knowledge is retained and refreshed throughout a resident's stay. **(c)** Policy 332 explicitly states that all youth, including transfers from other facilities, receive the full PREA education process upon arrival. The CM and PCM interviews and resident interviews confirmed that transfers are treated the same as new admissions, receiving all PREA materials and education as if newly admitted. **(d)** Policy 6.16 – Residents with Disabilities and Residents Who Are Limited English Proficient ensures accommodations for PREA education: PREA materials in the resident's native language; interpreter services for LEP residents; closed captioning on the PREA video for hearing-impaired residents; adapted verbal explanations for residents with cognitive or developmental disabilities; use of the Special Education roster to identify youth needing accommodations; and coordination with mental health professionals for residents with communication barriers. Interviews and observation confirmed these practices, and the April 23, 2025 Special Education roster was reviewed as supporting documentation. The auditor used this Special Education roster to select two residents who receive such services in order to assess their level of knowledge of the PREA education provided. Both

residents demonstrated a solid understanding of the material presented. No issues of comprehension were identified by the auditor. Each resident answered open-ended questions about what PREA stands for, what type of behavior must be reported, and the different methods for making a PREA report.

(e)

While Policy 332 does not explicitly mandate documentation, the facility maintains:

- Signed acknowledgment forms for PREA intake education
- Documentation of 10-day follow-up sessions in resident records
- Retention of PREA materials in youth files (e.g., copies of brochures and grievance forms)

These records were reviewed by the auditor and confirmed during file checks for a representative sample of residents

(f)

It was confirmed by the auditor that AMIkids Acadiana ensures that residents have continuous access to PREA information through prominent and consistent visual displays across the facility. The auditor confirmed that PREA posters are prominently displayed in every building, including:

- All three residential dormitories
- The dining hall
- The education building
- Administrative and common areas

The posters include the facility’s core message “NO MEANS NO,” along with:

- Residents’ right to be free from abuse and harassment
- Multiple methods to report concerns, including third-party and anonymous options
- Hotline numbers for internal and external reporting, including OJJ and Hearts of Hope
- Information on victim support services

These posters are accompanied by complementary materials on the same bulletin boards, including:

- Youth rights and grievance procedures
- Mandated reporting notices
- Spanish-language resources for LEP residents

The content is presented in large-format, age-appropriate language and includes bold visuals with clear instructions. During the site review and resident interviews,

	the auditor verified that youth were aware of the posters' locations and understood the reporting information presented. Documentation review further confirmed that PREA materials are issued at intake and remain available throughout the resident's stay. The auditor verified that residents have uninterrupted access to information about their rights and the facility's reporting processes, consistent with the requirements of this provision. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.333. Provisions (a) and (f) are supported directly by Policy 332 and confirmed in practice. Provisions (b), (c), (d), and (e) are met through consistent practice and documentation, including the use of the PREA Folder during intake, observed by the auditor, and accommodations for residents with disabilities or limited English proficiency in alignment with Policy 6.16 and established facility practices. Staff conducting PREA orientation are trained to deliver the material in a manner that is accurate, age-appropriate, and accessible, ensuring residents understand their rights and reporting options under PREA.**

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.334 – Specialized Training: Investigations **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.71 – Criminal and Administrative Agency Investigations • AMIkids Acadiana Policy 6.76 – Responsive Planning of Referrals for Investigations • AMIkids Acadiana Specialized Training: Investigations Policy • Responsive Planning of Referrals for Investigations documentation (2024–2025) • Office of Juvenile Justice (OJJ) investigative training letter (May 19, 2025) • Memorandum of Understanding with Hearts of Hope • OJJ investigative outcome letter – December 2024 staff-on-resident allegation • PAQ

Interviews Conducted

- Executive Director
- PCM
- Agency-wide PC

Interviews & Relevant Findings

AMIkids Acadiana does not conduct criminal or administrative investigations into allegations of sexual abuse or sexual harassment. All criminal investigations are referred to the Acadia Parish Sheriff's Office (APSO), and administrative investigations are referred to the Louisiana OJJ and/or the DCFS.

The Executive Director and PCM confirmed that the facility's role is to ensure immediate reporting, protect and preserve potential evidence, and cooperate fully with external investigative agencies. The facility follows the referral protocols outlined in Policy 6.76, which require prompt notification to the appropriate investigative authority and adherence to all instructions provided by those agencies.

The OJJ letter dated May 19, 2025, confirms that OJJ has staff trained as investigators who may be called upon to investigate PREA-related incidents at AMIkids Acadiana. As of March 7, 2025, there are twenty-seven (27) probation and parole officers trained to investigate PREA allegations, including three specifically available for AMIkids Acadiana. OJJ investigative staff receive training in compliance with juvenile PREA Standard 115.334, covering:

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

The OJJ investigative outcome letter for the December 2024 staff-on-resident sexual abuse allegation confirmed the referral process was followed. APSO closed the

	criminal case as unfounded due to insufficient evidence, and OJJ determined the administrative case to be unsubstantiated. Documentation and interviews confirmed that the incident was referred promptly, cooperation was provided throughout the investigation, and findings were documented in facility records. **Explanation of Compliance Determination:** **115.334** **(a)** The standard requires investigators to have received specialized training in conducting sexual abuse investigations in confinement settings. While AMIkids Acadiana does not employ investigators, OJJ provides trained staff who meet the PREA training requirements listed above. **(b)** Criminal investigations are handled by APSO, which follows law enforcement investigative protocols, including evidence collection, suspect and witness interviews, and case preparation for potential prosecution. **(c)** Administrative investigations are conducted by OJJ and/or DCFS, whose investigative staff are trained in juvenile facility investigations, trauma-informed interviewing, and evidence protocols. **(d)** AMIkids Acadiana's policies require full cooperation with investigative agencies, the preservation of evidence, and adherence to external agency instructions until the investigation is concluded. **Conclusion:** **PREA Standard 115.334 is not applicable to AMIkids Acadiana in terms of facility staff conducting criminal or administrative investigations. However, the facility fulfills its responsibilities by immediately referring all allegations to APSO and OJJ/DCFS, preserving evidence, and fully cooperating with investigative authorities. OJJ's trained investigative staff meet the specialized training requirements of the standard, ensuring that any investigation involving the facility is conducted in compliance with PREA requirements.**

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	PREA Standard 115.335 – Specialized Training: Medical and Mental Health Care **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.35 – Specialized Training: Medical and Mental Health Care • Specialized Medical and Mental Health PREA Training Curriculum (2023–2025) • PREA Refresher Training Materials (2024–2025) • Training verification documents for medical and mental health staff • PAQ **Interviews Conducted:** • Executive Director • PCM • Full-time Licensed Practical Nurse (LPN) • Full-time Master's Level Counselor **Interviews & Relevant Findings:** AMIkids Acadiana does not employ or contract with outside medical or mental health care providers who have direct contact with residents. All medical and mental health services are provided on-site by two full-time master's level counselors and one Licensed Practical Nurse (LPN) employed directly by the facility. Interviews with the LPN and one of the master's level counselors confirmed that each has completed the specialized PREA training modules developed by the PREA Resource Center (PRC), in addition to completing the facility's all-staff PREA training and periodic refresher sessions. Both professionals described their understanding of their responsibilities under the PREA standards, including how to detect and assess signs of sexual abuse and sexual harassment, preserve and protect evidence, and ensure proper reporting. Training verification records for all three medical and mental health staff were reviewed and confirmed completion of the specialized training, which aligns with the content requirements of this standard. **Explanation of Compliance Determination:** **115.335** **(a)** Policy 6.35 requires that all full- and part-time medical and mental health care practitioners who work regularly at the facility and have contact with residents

	receive specialized training in how to detect and assess signs of sexual abuse and sexual harassment, preserve physical evidence, and respond effectively and professionally to victims. The “Specialized Medical and Mental Health Training 2023–2025” curriculum includes the following training content: • Detecting and assessing signs of sexual abuse and sexual harassment in juvenile settings • Preserving physical evidence and maintaining chain of custody until law enforcement arrives • Trauma-informed approaches to working with victims • Communicating effectively and professionally with youth victims • Avoiding practices that could cause further trauma or be perceived as victim-blaming] • Understanding agency and state reporting requirements for medical and mental health staff • Coordinating with external agencies for forensic medical examinations • Responding to disclosures in a supportive and professional manner • Maintaining confidentiality within the limits of the law • Documentation standards for medical and mental health responses to PREA-related incidents This curriculum is designed to align with PREA Standard 115.335 and ensures that practitioners are prepared to meet their responsibilities in preventing, detecting, and responding to sexual abuse and harassment. **(b)** The LPN and master’s level counselors confirmed during interviews that they also complete the all-staff PREA training required under PREA Standard 115.331, which includes: the agency’s zero-tolerance policy, mandatory reporting requirements, residents’ rights, prevention and detection strategies, and professional boundaries. **(c)** Training completion is documented in personnel files. The auditor reviewed training verification forms for all three medical and mental health staff, which confirmed completion of the specialized PREA medical and mental health training, as well as the all-staff PREA training. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.335. The facility’s on-site medical and mental health professionals receive specialized PREA training that covers all required topics and have also completed the all-staff PREA training. Documentation and interviews confirmed compliance with policy and practice, ensuring medical and mental health staff are prepared to fulfill their roles in preventing,**

	detecting, and responding to sexual abuse and sexual harassment.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.341 – Obtaining Information from Residents **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.82 – Screening for Risk of Victimization and Abusiveness • AMIkids Acadiana Policy 6.42 – Use of Screening Information • Vulnerability Sexual Aggression Behavior (VSAB) form (RC 8050-2) – Initial Risk Screening Tool • Periodic Risk Screening Tool – Six-Month Reassessment Form • Classification for Placement and Reassessment Forms • PAQ **Interviews Conducted:** • Executive Director • PCM • Case Manager (responsible for conducting risk screenings) • Representative sample of 10 residents **Site Review Observations & Interviews:** The Case Manager (CM) is responsible for conducting all initial and periodic risk screenings at AMIkids Acadiana. Screenings are conducted in the CM's private office to ensure confidentiality and are performed in a conversational style to foster comfort and elicit honest responses. All 10 residents interviewed confirmed they were asked the types of questions found on the VSAB form during intake, including whether they identify as LGBTI or straight, whether they have ever been sexually abused or have committed sexual abuse, their perception of safety at the program, and other risk-related questions. The CM confirmed she uses the VSAB form to guide the process and supplements resident responses with information from case files, intake paperwork, and prior placements. The auditor observed that the screening environment ensures privacy and confidentiality, and that the screening process meets the standard's requirements. Policy also requires a reassessment at least every six months and whenever

additional information indicates a change in risk level.

Resident File Review:

The auditor selected twelve residents admitted in the past 12 months in order to review each sampled resident's VSAB, as well as requested examples of completed Periodic PREA Resident Risk Assessments. The auditor was provided each of the requested VSABs, as well as examples of completed Periodic Risk Assessments. Each document was examined and found to be in full compliance with all elements of this PREA standard. Moreover, each VSAB was found to have been completed on the same date each resident was admitted into the facility, which substantially exceeds the required "within 72-hour" timeframe of provision (a).

Explanation of Compliance Determination:

115.341

(a)

Policy 6.82 requires that each resident be screened for risk of sexual victimization and abusiveness within 72 hours of admission and periodically throughout confinement, including when new information arises that may impact a resident's risk status.

At AMIkids Acadiana, the Case Manager (CM) is responsible for conducting both the initial screenings and periodic reassessments. Initial screenings are completed using the Vulnerability Sexual Aggression Behavior (VSAB) form (RC 8050-2), and periodic reassessments are conducted using a separate Periodic PREA Residential Risk Assessment form.

During the site review, the auditor observed a mock demonstration of the screening process and confirmed that:

- Screenings are conducted in the CM's private office, which ensures confidentiality and encourages candid responses;
- The screening process is conducted in a conversational and trauma-informed manner, covering all required PREA screening factors;
- The CM directly asks sensitive screening questions, including those about sexual orientation, gender identity, prior abuse, and personal perceptions of vulnerability;
- Information obtained is supplemented with classification records, court documents, prior placements, and case files;
  Both initial and periodic assessments are used to inform housing, supervision, and programmatic decisions.

The auditor reviewed the files of 12 residents and confirmed that all had completed the VSAB form on the day of intake, well within the 72-hour requirement. In addition, seven Periodic Risk Reassessments were reviewed and found to be completed at appropriate intervals, thoroughly documented, and in compliance with

policy.

These findings confirm that AMIkids Acadiana consistently implements both initial and periodic screening processes as required under this provision and uses the information obtained to reduce the risk of sexual abuse by or upon residents.

(b)

AMIkids Acadiana uses two distinct, standardized tools to conduct PREA risk screenings:

- The Vulnerability Sexual Aggression Behavior (VSAB) form (RC 8050-2) is used to complete the initial risk screening at intake.
- The Periodic PREA Residential Risk Assessment form is used for reassessments, which occur at least every six months or upon receipt of additional information affecting a resident's risk level.

Both forms function as structured, objective screening instruments that guide staff in identifying risk factors and ensure that screening is applied consistently across residents.

During the audit, the auditor reviewed the initial VSAB forms for a representative sample of 12 residents, all of which were completed on the same date as intake, well within the required 72-hour timeframe. Additionally, seven Periodic Risk Reassessments were reviewed. Each periodic reassessment was fully completed, signed by staff, and documented with relevant dates and contextual information regarding any changes or confirmations of the resident's risk status.

This documentation confirms that AMIkids Acadiana consistently implements both the initial and periodic risk assessment tools in accordance with the standard's requirements and uses objective screening instruments as required under this provision.

(c)

At a minimum, the VSAB form captures the following information:

- Prior sexual victimization or abusiveness
- Any gender nonconforming appearance or manner or identification as LGBTI and whether this may make the resident vulnerable to sexual abuse
- Current charges and offense history
- Age
- Level of emotional and cognitive development]
- Physical size and stature
- Mental illness or mental disabilities
- Intellectual or developmental disabilities
- Physical disabilities
- Resident's own perception of vulnerability

- Any other specific information indicating heightened needs for supervision, safety precautions, or separation from certain other residents

(d)

The auditor verified that risk information is collected from a range of sources, including:

- Conversations with the resident during intake
- Medical and mental health screenings
- Classification assessments
- Review of court records, case files, facility behavioral records, and other relevant documentation

(e)

Policy 6.82 specifies that information obtained during the screening process is used solely for the purpose of making appropriate housing, bed, work, education, and program assignments, and must not be used to the resident's detriment. Sensitive information must only be accessible to staff who need it to carry out those responsibilities.

During the site review, the auditor conducted a walkthrough of both the physical and electronic storage systems used to maintain risk screening and classification documents. The following was verified:

- Hard copy records, including completed VSAB forms and classification documents, are stored in a locked file cabinet located in the Case Manager's private office. The room is secured by key and only accessible to authorized staff.
- Electronic records of risk assessments are housed in a password-protected, role-based system accessible only to designated staff, such as the Case Manager, PCM, and Executive Director. Access is monitored and restricted based on job responsibility.
- The auditor confirmed these controls through both physical inspection and informal conversation with staff, who demonstrated clear knowledge of confidentiality protocols and stated that they do not share information outside of approved channels.

These security measures were found to align with the standard's requirement that PREA-related risk information be protected from misuse and only shared on a need-to-know basis. The auditor found no evidence of unauthorized access or storage concerns.

Conclusion:

AMIkids Acadiana meets the requirements of PREA Standard 115.341. The

	facility uses an objective screening instrument to obtain all required information within 72 hours of arrival and at least every six months thereafter, gathers information from multiple sources, and ensures confidentiality of sensitive information. Interviews with the CM and residents, as well as onsite observation, confirmed the process is implemented as written.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.342 – Use of Screening Information **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.42 – Use of Screening Information • Statement of Fact – Transgender and Intersex Residents • Initial VSAB and Periodic Risk Screening Tools • Classification for Placement and Reassessment Forms • PAQ **Interviews Conducted:** • Executive Director • PCM • Director of Operations (DO) • Case Manager (CM) • Representative sample of 10 residents **Site Review Observations & Interviews:** The auditor confirmed during the onsite that the CM's conduct all initial VSAB screenings in their private offices to ensure confidentiality and comfort. Screenings are typically completed on the youth’s day of admission. The CM reported using the tool conversationally to build rapport and obtain candid responses. After completion, the VSAB and any available collateral information are reviewed by the PCM and DO, who use the results to inform housing, bed, education, and programming decisions. The auditor visually confirmed during the site review that AMIkids Acadiana does not have any isolation rooms, single-occupancy quarters, or dedicated spaces for the isolation of residents. All youth are housed in open bay dormitories with bunk beds. The facility uses three dorms and may reassign residents between dorms

when separation is necessary, but isolation is not utilized or supported by the physical plant. Interviews with the PCM, DO, and ED were consistent with these observations and confirmed that separation due to risk is achieved only through dorm reassignment or in rare cases, discharge.

The Statement of Fact confirms that no transgender or intersex residents were admitted during the audit period (2022–2025). However, the PCM and ED affirmed that, if admitted, all housing and program decisions would be made on a case-by-case basis with serious consideration of the resident's own views. Showering accommodations would be made to ensure privacy, including exclusive shower access if needed. Currently, all residents shower privately in individual stalls, and adjacent stall use is monitored to maintain privacy.

The auditor confirmed that periodic reassessments are conducted at six-month intervals and earlier if new information is obtained. Weekly counselor meetings with residents serve as an additional mechanism for identifying risk-related changes.

Resident File Review:

The auditor reviewed a representative sample of 12 VSAB screenings from youth admitted in the prior 12 months, along with corresponding Classification for Placement and Reassessment forms and 7 completed periodic risk reassessments. All VSABs were completed on the day of admission, exceeding the 72-hour requirement. Each file demonstrated that screening information was reviewed and used to inform individualized placement, supervision, and program assignments.

Explanation of Compliance Determination:

115.342

(a)

Policy 6.42 requires that information from the VSAB and periodic risk assessments be used to guide housing, bed, work, education, and program assignments to keep residents safe and free from sexual abuse. Screenings are completed within 72 hours of intake and reassessed every six months or sooner if necessary. The CM conducts the initial screening, and the PCM and Director of Operations review results to determine appropriate placement and supervision.

(b)

Policy allows for separation only as a last resort when no less restrictive options exist to maintain safety, and mandates that any separation include exercise, education, daily clinical visits, and a 30-day review. During the onsite review, the auditor visually confirmed that the facility does not have any isolation rooms, single-occupancy quarters, or isolated sleeping arrangements. All youth are housed in shared dorms with bunk beds. Staff confirmed that separation is achieved through dorm reassignment or discharge, not isolation.

(c)

	Policy 6.42 prohibits making housing, bed, or program assignments solely based on LGBTI status or identification, and such status is not considered an indicator of likelihood of being sexually abusive. **(d)** Policy 6.42 requires that housing and program assignments for transgender or intersex residents be made on a case-by-case basis, with serious consideration given to the resident's own views regarding their safety. The Statement of Fact confirms no transgender or intersex residents were admitted during the audit period, but the facility is prepared to apply this policy if such a resident is admitted. **(e)** Policy 6.42 requires reassessment of all residents' risk of sexual victimization or abusiveness within six months of their last assessment and whenever new information indicates a possible change in risk. All residents are reassessed every six months regardless of risk status, and weekly counseling sessions allow for earlier identification of any safety concerns. **(f)** Policy 6.42 requires using information from the risk screening process in combination with other relevant data—such as court records, case files, and counselor input—to determine individualized supervision, safety measures, and separation needs. This includes the youth's own perception of risk, as assessed during the Vulnerability to Sexual Abuse and Sexual Aggression (VSAB) screening. The VSAB instrument contains direct questions about whether the resident feels at risk of attack or abuse from other residents, including follow-up prompts to capture details if risk is reported. These self-reported perceptions are documented and factored into housing, bed, work, education, and program assignments. **(g)** Policy 6.42 requires that transgender and intersex residents be given the opportunity to shower separately from other residents. In current practice, all residents shower alone in individual stalls, providing privacy. If a transgender or intersex resident were admitted, they would be scheduled to shower alone without any other resident in an adjacent stall, as confirmed by the PCM. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.342. The facility uses risk screening information to make individualized housing, program, and supervision decisions, prohibits discriminatory assignments based on LGBTI status, ensures privacy in showering, and confirms separation procedures without reliance on isolation rooms. While no transgender or intersex residents were housed during the audit period, policy and interviews confirm readiness to implement all required procedures if such residents are admitted.**

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.351 – Resident Reporting **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 3.51 – Resident Reporting • AMIkids Acadiana Policy 3.33 – Resident Education (applicable reporting instructions) • Resident PREA Brochure and PREA informational posters • Resident grievance forms and secure grievance boxes in dorms • PREA investigative files for two allegations during the audit period • Representative sample of 12 resident grievances (six from 2024 and six from 2025) • PAQ • Test calls to OJJ, DCFS, and Hearts of Hope hotlines **Interviews Conducted:** • Executive Director • PCM • Director of Operations • CM • Representative sample of Direct Care Staff (13) • Representative sample of residents (7 random and 3 targeted) **Site Review Observations & Interviews:** During the onsite review, the auditor observed PREA informational posters displayed in every key area of the facility, including the administrative building, dining hall, education building, and all three dormitories. Each poster clearly outlines multiple internal and external methods to report sexual abuse and harassment. These include: • Verbally telling any staff member or trusted adult • Submitting a grievance form or written note, anonymously if desired • Calling one of the posted 24/7 external hotlines: ◦ Office of Juvenile Justice (OJJ) Abuse Hotline – (225) 328-4914 ◦ Department of Children and Family Services (DCFS) – (855) 452-5437

    - Hearts of Hope Rape Crisis Hotline – (337) 232-4357
- Third-party reports by a parent, guardian, or attorney

Posters are written in clear, age-appropriate language, include bold visuals, and are available in Spanish, ensuring accessibility for residents with limited English proficiency. All postings were confirmed to be readable, accessible, consistent in messaging, and appropriately placed throughout the facility. Additional signage included civil immigration contact information, PREA audit notices, grievance forms, pencils, and instructions on emotional support resources.

Locked grievance boxes were present in each dormitory and are checked daily by the Director of Operations or a dorm supervisor. The CM, PCM, and DO described the grievance handling process, confirming that any grievance related to sexual abuse or harassment is routed immediately to the PCM and Executive Director, followed by notification to OJJ, DCFS, and law enforcement per policy.

Two investigative files reviewed by the auditor verified that this reporting process was followed in actual practice, with timely documentation and appropriate notifications. A review of 12 general grievances from 2024 and 2025 also confirmed prompt handling and resident notification of outcomes.

Test calls made to all three hotlines demonstrated functionality. All were answered by live staff or directed callers to a monitored voicemail. Each agency confirmed the ability to receive anonymous reports and provide interpreter services if needed. The auditor also confirmed that the calls are not recorded and that residents have a confidential method to contact these outside reporting entities via phone or mail. These avenues are clearly posted in the facility and accessible to all residents, ensuring residents can report sexual abuse or harassment privately and securely at any time.

Direct care staff interviews confirmed that staff understand all required reporting avenues, including verbal, written, anonymous, and third-party reporting, and that they are trained to respond immediately and notify supervisory staff. Staff were also aware of their own private reporting options. Residents interviewed confirmed knowledge of these reporting avenues and affirmed access to writing materials and grievance forms in their dorms.

The auditor observed that all PREA-related documentation—including risk assessments, grievances, and investigation files—was stored securely in locked file cabinets and password-protected systems. Access to hardcopy records is limited to the PCM, DO, and ED. Electronic files are accessible only to authorized personnel via role-based, secure systems.

Explanation of Compliance Determination:

115.351

(a)

	Policy 3.51 ensures residents have multiple internal avenues to privately report sexual abuse, sexual harassment, retaliation, and staff neglect or violations that may have contributed to such incidents. Internal reporting methods include: • Telling an advisor, shift supervisor, Treatment Counselor, or any staff member verbally or in writing • Completing and submitting a grievance form or written note (anonymous option available) • Requesting to speak with any Director, including the Executive Director As outlined in PREA Standard 115.333, residents receive PREA education upon admission and within 10 days, including a verbal explanation, PREA video, and PREA brochure containing all reporting instructions. **(b)** Residents have at least one external avenue to privately report to an entity not part of AMIkids Acadiana. Policy provides access to: • OJJ abuse hotline • DCFS abuse hotline (or CFS for residents 18 and older) • Hearts of Hope rape 24/7 crisis hotline These numbers are posted throughout the facility and provided at intake. **(c)** During intake, any resident detained for civil immigration reasons is given consular contact information and Department of Homeland Security contact options. This was confirmed through review of the intake checklist and posted materials. **(d)** Policy requires staff to accept reports made verbally, in writing, anonymously, and from third parties. Residents are provided with the tools necessary to make a written report, including access to paper, pencils, and grievance forms at all times. Staff must: • Notify a supervisor within two hours of gaining knowledge of an allegation • Document all verbal reports in writing within eight hours of receiving them **(e)** The facility has procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff may: • Call the abuse hotline directly • Submit anonymous written reports to supervisors

- Speak one-on-one with any Director, including the Executive Director

Staff receive training on these reporting requirements within their first 180 days of employment and annual refresher training thereafter.

Conclusion:

AMIkids Acadiana meets the requirements of PREA Standard 115.351. Policies and practices ensure residents have multiple, private, and accessible ways to report, including anonymous and third-party reporting. The facility also ensures staff have private reporting options. Observations confirmed PREA posters and grievance boxes in all dorms. Document reviews, interviews, and test calls verified that all reporting avenues are functional, accessible, and actively used.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

PREA Standard 115.352 – Exhaustion of Administrative Remedies

Evidence Reviewed to Determine Compliance:

- AMIkids Acadiana Policy 6.52 – Exhaustion of Administrative Remedies
- Review of randomly selected resident grievances (six from 2024 and six from 2025)
- PREA investigative files for two allegations during the audit period
- PAQ

Interviews Conducted:

- Executive Director
- PCM
- DO
- Representative sample of Direct Care Staff (13)
- Representative sample of residents (7 random and 3 targeted)

Site Review Observations & Interviews:

The auditor confirmed that AMIkids Acadiana policy states a resident grievance alleging sexual abuse is treated as an allegation of sexual abuse and immediately triggers the reporting and investigation policy and procedures. Policy 6.52 explicitly

	states the facility does not have an administrative procedure to address such grievances separately, as all allegations of sexual abuse — including those submitted via the grievance process — are reported without delay to the Acadia Parish Sheriff's Office, the DCFS, and the OJJ. The onsite review of randomly selected grievances from 2024 and 2025 confirmed there were no grievances alleging sexual abuse. All grievances reviewed were processed in accordance with the facility's grievance procedures, and none related to PREA-reportable conduct. Staff interviews confirmed their understanding that any grievance alleging sexual abuse is treated as an allegation requiring immediate reporting to the PCM or Executive Director, who ensures notification to the appropriate external authorities. Residents interviewed demonstrated awareness that they can report sexual abuse through a grievance, but that the matter will be reported and investigated outside the normal grievance resolution process. **Explanation of Compliance Determination:** **Standard Not Applicable** **(a–g)** This standard is not applicable to AMIkids Acadiana. Policy 6.52 states that any resident grievance alleging sexual abuse is considered an allegation of sexual abuse and must be reported immediately to the appropriate external authorities, including law enforcement, DCFS, and OJJ. The facility does not have an administrative process for resolving such grievances internally. Allegations of sexual harassment may be addressed through the facility's grievance process, but sexual abuse allegations bypass administrative remedies entirely and are handled in accordance with mandatory reporting requirements. Additionally, the staff-on-resident allegation of sexual abuse that was reported by a resident through the resident grievance system further confirmed that grievances alleging sexual abuse are immediately reported to the Acadia Parish Sheriff's Office and OJJ/DCFS, who have the proper investigative authority. **Conclusion:** **PREA Standard 115.352 does not apply to AMIkids Acadiana because the facility does not have an administrative process for resolving grievances related to sexual abuse. All such allegations are considered reportable incidents and referred immediately to external authorities for investigation. Review of policy, grievances, investigative files, and interviews confirmed this practice is consistent and in effect.**

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

PREA Standard 115.353 – Resident Access to Outside Confidential Support Services

Evidence Reviewed to Determine Compliance:

- AMIkids Acadiana Policy 6.53 – Resident Access to Outside Confidential Support Services
- Memorandum of Agreement between AMIkids Acadiana and Hearts of Hope (signed February 3, 2022)
- Resident PREA Brochure and posted PREA informational materials
- Resident education materials provided during intake and within 10 days (PREA video, brochure, and verbal explanation)
- Review of posted signage in all living units, programming areas, and common spaces
- PAQ
- Interviews with staff and residents regarding access to outside emotional support services

Interviews Conducted:

- Executive Director
- PCM
- DO
- Representative sample of Direct Care Staff (13)
- Representative sample of residents (7 random and 3 targeted)

Site Review Observations & Interviews:

During the onsite review, the auditor confirmed that AMIkids Acadiana policy provides residents with access to outside victim advocates for emotional support services. Hearts of Hope serves as the primary community partner, with a 24-hour crisis line (337-233-7273), emergency room advocacy, SANE services at designated hospitals, forensic interviews, counseling, and ongoing advocacy for victims of sexual abuse or assault. Policy 6.53 requires that residents be given this contact information at intake and that it be posted throughout the facility. The auditor confirmed that residents are notified of this information during the intake process by confirming that the Case Manager (CM) and the PREA educational material conveyed this information as being available to all youth.

The Hearts of Hope Memorandum of Agreement confirms a cooperative response involving law enforcement, SANE nurses, advocates, therapists, and other necessary parties. The MOU specifies that AMIkids Acadiana will provide residents with access to the Hearts of Hope crisis line for support and/or advocacy, will refer residents for SANE services as appropriate, and will report all allegations to DCFS

and/or law enforcement as required by mandatory reporting laws.

Signage observations confirmed that PREA posters, the Hearts of Hope contact information, and other emotional support service information were posted in every housing unit, programming area, education building, dining hall, and administration building. Signs were clear, age-appropriate, and easy to read, with text size and placement accommodating residents of varying heights and those with low vision or mobility needs. Signage was provided in English, and the facility has interpreter services available for other commonly spoken languages. No signage was damaged, obscured, or missing, and all information matched current and accurate contact details.

Resident interviews confirmed that all residents knew how to request to contact Hearts of Hope for emotional support services, and all were familiar with the posted signs listing Hearts of Hope's name, phone number, and address. Residents also reported that they could request to speak with their attorney by asking staff and that they have access to their approved family at least once per week. All residents confirmed that counseling staff are onsite and meet with youth weekly to provide further emotional support. The auditor also confirmed through a test call to Hearts of Hope that these emotional support services are available to residents as described.

While onsite, the auditor made a test call to the Hearts of Hope crisis line. The representative who answered described the victim services provided and confirmed that all Hearts of Hope staff are mandatory reporters required to follow state reporting laws to DCFS and law enforcement. The representative confirmed that the services outlined in the MOU are available to any juvenile victim of sexual abuse, including youth from AMIkids Acadiana, who may contact Hearts of Hope at any time to make a PREA report or receive victim advocacy and emotional support services. Interpreting services are available on an as-needed basis to ensure accessibility for all victims. The representative also confirmed that Hearts of Hope provides PREA-related training for AMIkids Acadiana staff and conducts educational sessions for residents regarding sexual abuse, sexual harassment, and available victim services.

Explanation of Compliance Determination:

115.353

(a)

Policy 6.53 ensures that residents who allege sexual abuse while in custody have access to outside victim advocates for emotional support services. AMIkids Acadiana maintains a Memorandum of Agreement with Hearts of Hope to provide crisis intervention, advocacy, counseling, SANE services, and forensic interviews. Residents are provided specific contact information for these services at intake and through posted materials throughout the facility. The facility ensures accessibility for residents with disabilities and for residents who are limited English proficient by providing PREA materials in accessible formats, utilizing interpreter services, and

	offering reasonable accommodations to facilitate communication. **(b)** The facility enables reasonable communication between residents and outside victim advocates, including phone calls to Hearts of Hope. Before granting access, residents are informed of the extent to which such communications may be monitored and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Accommodations, such as interpreters or assistive devices, are provided as needed to ensure residents can communicate effectively with outside advocates. **(c)** AMIkids Acadiana maintains a signed Memorandum of Agreement with Hearts of Hope confirming the provision of 24-hour crisis line access, emergency room advocacy, SANE services, forensic interviews, and counseling. The MOU also establishes cooperative coordination with law enforcement and DCFS, and specifies the facility's responsibility to provide residents access to these services for support and/or advocacy, not for reporting purposes. **(d)** Residents are provided with reasonable and confidential access to their attorneys or other legal representatives, as well as reasonable access to parents or legal guardians. Policy specifies at least one phone call per week, two face-to-face visits per month, and unlimited written correspondence. Resident interviews confirmed they know to request attorney contact through staff and that they have access to approved family at least weekly. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.353. Policies, practice, and the MOU with Hearts of Hope ensure residents have access to outside victim advocates for emotional support services. Signage throughout the facility is clear, accurate, accessible, and appropriately placed, and residents are informed of these services at intake and through PREA education. Interpreter services and reasonable accommodations are available to ensure that all residents, including those with disabilities or limited English proficiency, can access and communicate with outside emotional support providers. Resident interviews and test calls confirmed that these services are known, available, and actively used in practice, with additional weekly counseling support provided onsite.**

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

PREA Standard 115.354 – Third-Party Reporting

Evidence Reviewed to Determine Compliance:

- AMIkids Acadiana Policy 6.54 – Third-Party Reporting
- AMIkids Acadiana Third-Party Reporting Form
- AMIkids PREA Statement (corporate website)
- AMIkids Acadiana facility webpage – https://amikids.org/location/amikids-acadiana/
- PREA-related posters, pamphlets, and brochures posted in public and resident areas
- Review of posted signage in living units, programming areas, visitation areas, and public access areas
- PAQ
- Interviews with staff, residents, and visitors regarding awareness of third-party reporting procedures

Interviews Conducted:

- Executive Director
- PCM
- Director of Operations
- Representative sample of Direct Care Staff (13)
- Representative sample of residents (7 random and 3 targeted)

Site Review Observations & Interviews:

During the onsite review, the auditor confirmed that AMIkids Acadiana policy provides multiple avenues for third parties to report sexual abuse or sexual harassment on behalf of a resident. Policy 6.54 requires that third-party reporting information be publicly distributed, including through posted PREA informational posters in various facility locations, pamphlets available in visitor and intake areas, and on the AMIkids corporate website. The policy also specifies that Third-Party Reporting Forms be distributed to medical and mental health providers serving residents.

Signage observations confirmed that third-party reporting instructions were posted in visitation areas, intake/waiting areas, the administration building, and other public spaces accessible to family members, attorneys, and advocates. All signage was clear, age-appropriate, and easy to read, with text size and placement accommodating visitors of varying heights and those with low vision or mobility needs. Signage was provided in English, and interpreter services are available for other commonly spoken languages upon request. No signage was obscured, damaged, or missing, and all contact information matched current reporting

procedures.

The Third-Party Reporting Form includes fields for resident and incident details, as well as reporter contact information, and can be submitted via email or mail to the Executive Director or PREA Coordinator. The form also provides immediate contact instructions if the resident is believed to be at substantial risk of imminent harm. The AMIkids corporate PREA Statement provides a dedicated phone line (1-813-887-3300) for anonymous or identified reporting by third parties, in addition to state and local reporting channels.

The auditor confirmed that the facility's webpage at https://amikids.org/location/a-mikids-acadiana/ contains accurate and current third-party reporting instructions, consistent with posted signage and printed materials onsite. The webpage includes both facility-specific instructions for contacting AMIkids Acadiana directly and corporate-level PREA reporting instructions for contacting AMIkids, Inc. This dual-level posting ensures that third parties can choose either a direct local contact or a central corporate contact when making a report.

Informal discussions and formal interviews with residents confirmed they were aware that family, friends, or other trusted adults could make a report on their behalf, including through the hotline or by contacting the facility directly. Staff interviews confirmed knowledge of the process for receiving and documenting third-party reports and the requirement to forward such reports immediately to the PCM or Executive Director.

Explanation of Compliance Determination:

115.354

Policy 6.54 provides a method for third parties to report sexual abuse or sexual harassment on behalf of a resident. Information on how to make such a report is publicly distributed via:

- PREA informational posters throughout the facility, including public and visitation areas
- Pamphlets available at the visitor check-in desk and in intake areas
- Third-Party Reporting Forms provided to medical and mental health providers

The AMIkids Acadiana webpage and AMIkids corporate website, both of which include reporting procedures and contact information for facility-specific and corporate-level PREA reporting options

The policy ensures that reports can be made anonymously or with contact information, and may be submitted by phone, email, mail, or in person.

Conclusion:

AMIkids Acadiana meets the requirements of PREA Standard 115.354.

	Policies and practices ensure that third parties have accessible, well-publicized methods to report sexual abuse or sexual harassment on behalf of a resident. Signage and printed materials are clear, accurate, and accessible in both resident and public areas, and reporting procedures are also published on both the facility's webpage and the AMIkids corporate website. This ensures availability of both local and central reporting channels. Staff and resident interviews confirmed awareness of the process, and review of forms and posted instructions verified consistency and accuracy across all methods of distribution.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.361 – Staff and Agency Reporting Duties **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.61 – Staff and Agency Reporting Duties • PREA refresher training sign-in sheets (February 2025) • PREA refresher training materials (2024–2025) • Interviews with a representative sample of staff and specialized staff, including direct care, medical, and mental health staff • PAQ **Interviews Conducted:** • Executive Director • PCM • Director of Operations • LPN • Mental Health Professional (MHP) • Representative sample of Direct Care Staff (13) **Interviews & Relevant Findings:** Policy 6.61 requires all staff to immediately report, in accordance with facility policy, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. This includes retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy incorporates compliance with

Louisiana’s mandatory child abuse reporting laws, which require notification to the Department of Children and Family Services (DCFS), the Office of Juvenile Justice (OJJ), and local law enforcement for allegations of sexual abuse.

Interviews with direct care staff confirmed their understanding of the mandatory reporting protocols required at the facility. Each staff member explained they would immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment, retaliation, or staff neglect to their immediate supervisor and/or the PCM. The PCM then ensures reporting to DCFS, OJJ, and local law enforcement as applicable.

Staff also described their training on confidentiality requirements, explaining they are prohibited from revealing any information related to a sexual abuse report except to the extent necessary to make treatment, investigation, and other security or management decisions.

Specialized staff, including a Mental Health Professional and a medical professional, each confirmed they are required to follow both state mandatory reporting requirements and agency policy. They must immediately report allegations of sexual abuse to designated supervisors, the PCM, DCFS, OJJ, and law enforcement. Allegations of sexual harassment are reported immediately to designated supervisors, the PCM, DCFS, and OJJ, with law enforcement notification determined on a case-by-case basis.

Leadership interviews confirmed that all allegations of sexual abuse, sexual harassment, retaliation, and staff neglect are taken seriously and are immediately reported up the chain of command and to outside authorities, including DCFS, OJJ, and the Acadia Parish Sheriff’s Office. This process ensures that a prompt and thorough investigation can be initiated. The Executive Director and PCM also confirmed that parent/guardian and other notifications required by PREA standards are completed in accordance with the agency’s mandatory response plan protocols and are documented. The auditor was provided with the complete PREA investigative files for two PREA-type allegations reported at the facility since the last PREA audit. These files included documentation of the mandatory reporting process and all required notifications, demonstrating adherence to policy and compliance with PREA notification requirements.
Staff receive PREA training on mandatory reporting responsibilities during initial orientation and in annual refresher sessions. The February 2025 refresher training covered staff and agency reporting duties, Louisiana’s mandatory reporting laws, and confidentiality requirements. Training rosters confirmed participation by all staff sampled for interviews. The auditor verified this through review of training documentation and staff interviews conducted onsite, as further detailed in PREA Standard 115.331 of this Report.

Explanation of Compliance Determination:

115.361

(a, b, & c)

	Policy and practice require all staff to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment, retaliation, and staff neglect to their supervisor and/or PCM. The PCM and/or Executive Director then ensures required notifications are made to DCFS, OJJ, local law enforcement, and other mandated external authorities. Staff confirmed their understanding of these obligations and demonstrated knowledge of the correct reporting channels. All staff interviewed confirmed they are prohibited from revealing any information related to a sexual abuse report except as necessary to make treatment, investigation, and management decisions, as specified in policy. **(d)** Policy 6.61 requires that medical and mental health practitioners report sexual abuse to designated supervisors, DCFS, OJJ, and law enforcement, in compliance with state law. These practitioners must also inform residents, at the initiation of services, of their duty to report and the limitations of confidentiality. Interviews confirmed that medical and mental health staff fully understand and comply with these requirements. **(e & f)** Policy 6.61 states that upon receiving an allegation of sexual abuse, the facility head or designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or guardians should not be notified. If the alleged victim is under the guardianship of child welfare, the notification must be made to the assigned caseworker. Where the court retains jurisdiction, the juvenile's attorney or other legal representative of record must be notified within 14 days of the allegation. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, must be reported to the facility's designated investigators. Law enforcement is notified in all sexual abuse cases, while sexual harassment cases are reported to DCFS and OJJ, with law enforcement contacted as determined appropriate. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.361. Policy and practice ensure that all staff are trained and understand their responsibility to immediately report allegations or suspicions of sexual abuse, sexual harassment, retaliation, and staff neglect, and to make required notifications to external agencies. Staff, medical, and mental health practitioners demonstrated clear understanding of both internal reporting protocols and external notification obligations. Training records and interviews confirmed that staff have been educated on these duties, including confidentiality requirements, and leadership ensures compliance through oversight and documentation.**

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.362 – Agency Protection Duties **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.62 – Agency Protection Duties • AMIkids Acadiana Agency Protection Monitoring Procedure • PREA refresher training sign-in sheets (February 2025) • PREA refresher training materials (2024–2025) • PAQ **Interviews Conducted:** • Executive Director • PCM • Representative sample of Direct Care Staff (13) **Interviews & Relevant Findings:** Policy 6.62 requires that whenever the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The policy outlines protective measures that may include temporary separation from potential aggressors, increased supervision, heightened security checks, or transfer to another housing unit, all while minimizing any potential negative impact on the resident. The Agency Protection Monitoring Procedure further details the steps for initiating protective measures, documentation requirements, and ongoing monitoring until the threat has been eliminated. Interviews with the Executive Director, PCM, and 13 randomly selected direct care staff confirmed that all had been trained to recognize and respond effectively to imminent threat situations. Each described an understanding that protective actions must be taken immediately—without waiting for an investigation to be completed—when there is credible information that a resident is at risk of sexual abuse. Staff were asked scenario-based questions to assess their understanding. For the scenario in which a youth reports being bullied or harassed in a sexual nature, with no physical contact but is visibly scared and upset, staff consistently responded that they would immediately ensure the youth’s safety by separating them from the alleged harasser, notifying a supervisor, Director of Operations, Executive Director, and/or PCM without delay, documenting the incident, and initiating monitoring to prevent escalation. Staff also explained that they would ensure emotional support services were offered and that the situation would be reported per policy to the

	appropriate authorities. For the scenario involving an active sexual assault, all staff accurately described their first responder duties: immediately stopping the assault, ensuring the victim's safety, separating the involved parties, preserving the crime scene, notifying a supervisor or PCM immediately, and ensuring the victim received prompt medical attention and advocacy services. Staff confirmed that these duties align with their PREA training, initial orientation, and annual refresher sessions, as well as with the facility's coordinated response protocols. The Executive Director and PCM each confirmed that in any situation where a youth is believed to be at substantial risk of imminent sexual abuse, protective measures are initiated at once. They emphasized that these actions are documented in accordance with policy and reviewed by leadership to ensure effectiveness and compliance with PREA requirements. **Explanation of Compliance Determination:** **115.362** Policy 6.62 and practice require the facility to take immediate action to protect residents when it learns that a youth is subject to a substantial risk of imminent sexual abuse. This includes the authority and obligation to separate potential aggressors from potential victims, adjust housing assignments, increase staff presence, and implement other protective strategies until the threat is resolved. Interviews with the Executive Director, PCM, and a representative sample of 13 direct care staff confirmed understanding of these requirements and the ability to apply them in real-world situations. Staff demonstrated, through responses to scenario-based questions, that they could effectively implement protective measures for both non-physical but escalating harassment situations and active sexual abuse incidents. Their answers were consistent with facility policy, training materials, and the Agency Protection Monitoring Procedure. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.362. Policies, procedures, and training ensure that staff can immediately implement protective measures when a resident is at substantial risk of imminent sexual abuse. Scenario-based interview responses confirmed staff are prepared to act promptly and effectively in both potential and active abuse situations. Documentation and oversight processes verify that these actions are carried out in accordance with policy and PREA standards.**

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard

Auditor Discussion

PREA Standard 115.363 – Reporting to Other Confinement Facilities

Evidence Reviewed to Determine Compliance:

- AMIkids Acadiana Policy 6.63 – Reporting to Other Confinement Facilities
- PAQ

Interviews Conducted:

- Executive Director
- PCM

Interviews & Relevant Findings:

Policy 6.63 requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director or designee must notify the head of the facility where the alleged abuse occurred within 72 hours. The policy further requires that such notifications be documented, including the date and time of the notification, the individual contacted, and the method of contact.

The policy also requires that if AMIkids Acadiana receives notification from another facility that a current resident was sexually abused while confined there, the allegation is to be handled in accordance with AMIkids Acadiana's investigative protocols and reporting requirements, including notifications to OJJ, DCFS, law enforcement, and any other required external authorities.

Leadership interviews confirmed knowledge of these requirements. Both the Executive Director and PCM described the process for making a timely notification to another facility, including documenting the notification and forwarding the report to the appropriate investigative authority. They also explained the steps that would be taken if AMIkids Acadiana were notified by another facility of an allegation involving a current resident.
Review of investigative files, related records, and the PREA Audit Questionnaire confirmed there were no instances since the prior PREA audit where AMIkids Acadiana received a PREA allegation involving abuse at another confinement facility or was contacted by another facility regarding such an allegation. As such, compliance could only be verified through policy review, PAQ confirmation, and staff interviews.

Explanation of Compliance Determination:

115.363

(a) - (d)

Policy and interviews confirm that AMIkids Acadiana has procedures in place to ensure that:

- Allegations of sexual abuse occurring at another facility are reported to that facility's head within 72 hours.
- Notifications are documented.
- Allegations received from another facility about a current resident are investigated and reported according to policy.

The PREA Audit Questionnaire and interviews with leadership confirmed there have been no applicable cases since the prior PREA audit. Compliance was therefore assessed through review of policy, procedures, PAQ responses, and staff interviews.

Conclusion:

AMIkids Acadiana meets the requirements of PREA Standard 115.363. While there were no applicable cases during the audit period or since the prior audit, policy and interviews with leadership confirmed that required notification procedures are in place and understood by responsible staff.

115.364	Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

PREA Standard 115.364 – Staff First Responder Duties

Evidence Reviewed to Determine Compliance:

- AMIkids Acadiana Policy 6.64 – Staff First Responder Duties
- AMIkids Acadiana Initial Response Procedures – PREA Standard 115.364
- AMIkids Acadiana Coordinated Response Policy and Coordinated Response Procedure Documentation
- Prevention Checklist (relevant first responder requirements)
- PREA refresher training sign-in sheets (February 2025)
- PREA refresher training materials (2024–2025)
- PAQ
- Two PREA investigative files for allegations reported since the last audit

Interviews Conducted:

- Executive Director
- PCM
- Representative sample of Direct Care Staff (13)
- LPN
- MHP

Site Review Observations & Interviews:

Policy 6.64 and the Initial Response Procedures require that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond must:

- Separate the alleged victim and abuser
- Preserve and protect any crime scene until appropriate steps can be taken to collect evidence
- If the abuse occurred within a time period that allows for physical evidence collection, request that the alleged victim not take any actions that could destroy evidence (e.g., bathing, brushing teeth, changing clothes, using the restroom, eating, drinking, or smoking)
- Ensure the alleged abuser does not take any actions that could destroy evidence
- Notify a supervisor and/or PCM immediately

The Coordinated Response Policy ensures that first responder actions integrate with medical, mental health, investigative, and administrative notifications so that victim services, medical care, and investigative processes are initiated without delay.

During the site review, the auditor observed PREA and mandatory reporting signage prominently posted throughout the facility, including “No Means No” posters, OJJ youth safety reporting posters, and a bulletin board with the Hearts of Hope hotline and other support service numbers. These postings list internal and external reporting contacts and were visible in housing units, administrative areas, and program spaces. While no specific “first responder cards” were carried by staff, interviews confirmed all staff knew their first responder duties and could explain each step in detail.

Training records confirmed that all direct care staff are trained as first responders during initial orientation and annual refresher sessions. The February 2025 refresher training included specific content on staff first responder duties, evidence preservation, victim and suspect management, and coordination with medical, mental health, and law enforcement. All staff sampled for interviews attended this training.

Interviews with the Executive Director, PCM, direct care staff, and specialized staff confirmed strong knowledge of first responder duties. Staff were asked scenario-based questions:

- Scenario 1 – A youth reports being bullied or harassed in a sexual nature (no physical contact) and appears scared and upset. Staff consistently stated they would separate the youth from the alleged harasser, notify a supervisor/PCM immediately, document the incident, ensure emotional support services were offered, and increase supervision to prevent escalation.

- Scenario 2 – A staff member witnesses an active sexual assault. Staff described immediately stopping the assault, ensuring the victim's safety, separating the parties, preserving the scene, preventing evidence destruction, notifying a supervisor or PCM immediately, and ensuring the victim received medical attention and advocacy services.

PREA investigative file reviews for two cases since the last audit showed that first responder protocols were followed. In each case, the victim and alleged abuser were separated immediately, evidence preservation measures were documented, notifications were made to OJJ for administrative investigation, and a criminal report was made to the Acadia Parish Sheriff's Office for one of the two allegations (staff-on-youth).

Explanation of Compliance Determination:

115.364

(a)–(d)

Policy, procedure, and practice require that the first security staff member to respond to a sexual abuse allegation immediately separates the alleged victim and abuser, preserves the crime scene, and takes steps to prevent evidence destruction by either party. If the first responder is not security staff, that person must request the victim not take any actions that could destroy evidence and then notify security staff immediately. All staff are trained in these duties and demonstrated knowledge of each step during interviews.

Investigative file reviews confirmed that in actual incidents, these procedures were followed, with timely notifications to OJJ, the Acadia Parish Sheriff's Office, medical providers, and advocacy services.

Conclusion:

AMIkids Acadiana meets the requirements of PREA Standard 115.364. Policies and procedures clearly define first responder duties, and training ensures all staff are prepared to take immediate protective actions, preserve evidence, and initiate the coordinated response process. Interviews and investigative file reviews verified that these protocols are consistently followed in practice.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

PREA Standard 115.365 – Coordinated Response:

Evidence Reviewed to Determine Compliance

- AMIkids Acadiana Coordinated Response Policy
- AMIkids Acadiana Coordinated Response Procedure Documentation
- Prevention Checklist (relevant coordinated response requirements)
- PREA refresher training sign-in sheets (February 2025)
- PREA refresher training materials (2024–2025) PREA Audit Questionnaire (PAQ)
- Two PREA investigative files for incidents reported since the last audit:
    - One allegation of staff-on-youth sexual abuse (administrative investigation by OJJ; criminal investigation by Acadia Parish Sheriff's Office)
    - One incident of resident misconduct that did not meet the definitions of sexual abuse or sexual harassment (youth pulled shower curtain down while another youth was showering and ran away)

Interviews Conducted:

- Executive Director
- PCM
- Representative sample of Direct Care Staff (13)
- LPN
- MHP

Interviews & Relevant Findings:

Policy and procedures at AMIkids Acadiana require a coordinated, multi-disciplinary response to any allegation of sexual abuse. The Coordinated Response Policy clearly defines the roles and responsibilities of first responders, security staff, supervisors, medical and mental health practitioners, facility leadership, law enforcement, and victim advocates. The plan ensures that from the moment an allegation is made, steps are taken to protect the alleged victim, secure evidence, notify investigative authorities, and provide access to medical and advocacy services.

The Coordinated Response Procedure documentation outlines a step-by-step process and specifies timelines for each action. It incorporates first responder duties, evidence preservation measures, and notification requirements to OJJ, DCFS, the Acadia Parish Sheriff's Office, medical providers, and Hearts of Hope advocacy services. The Prevention Checklist reinforces these actions, ensuring each step is documented and monitored for completion.
The coordinated response plan is accessible to staff upon request and is integrated into new hire orientation, annual refresher training, and daily operations. The February 2025 refresher training included a review of the coordinated response process, emphasizing staff roles, communication channels, and the importance of timely medical and advocacy service referrals. Training rosters confirmed that all

	sampled staff had received this training. Interviews with the Executive Director, PCM, direct care staff, and specialized staff confirmed that they understand their responsibilities within the coordinated response framework. Staff described how initial actions by first responders are immediately followed by leadership and medical/mental health staff taking their assigned roles. Interviewees provided examples of contacting law enforcement, securing the area, facilitating medical examinations, and connecting victims to Hearts of Hope advocates. In scenario-based questioning, staff accurately outlined the coordinated response steps, including their own duties and those of other team members. Staff emphasized that no single role is isolated; the process is collaborative and designed to ensure a victim-centered approach. The review of the two PREA investigative files since the last audit confirmed that coordinated response procedures were implemented as written. In the staff-on-youth sexual abuse allegation, staff followed first responder protocols, preserved evidence, ensured immediate medical and advocacy services, and made timely notifications to OJJ, DCFS, and the Acadia Parish Sheriff's Office. In the incident involving resident misconduct that did not rise to the level of sexual abuse or sexual harassment, staff still took protective measures, documented the event, and reported it through internal and supervisory channels, demonstrating consistent application of coordinated response principles. **Explanation of Compliance Determination:** **115.365** The facility has a written coordinated response plan that provides detailed instructions for staff response to sexual abuse allegations, integrating security, medical, mental health, law enforcement, and advocacy roles. The plan is accessible to staff upon request and is reinforced through annual training and practice in daily operations. Staff interviews demonstrated familiarity with the plan and the ability to implement it effectively. The two investigative files reviewed provided clear evidence that coordinated response steps were followed in actual cases—both when the incident met the PREA definitions and when it did not—ensuring victim safety, evidence preservation, and timely provision of services when applicable. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.365. The coordinated response plan is comprehensive, accessible to staff, and fully integrated into training and operations. Staff interviews and investigative file reviews confirm that procedures are followed in practice, resulting in a prompt, organized, and victim-centered response to all allegations of sexual abuse and other serious incidents.**

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.366 – Preservation of Ability to Protect Residents from Contact with Abusers **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.66 – Preservation of Ability to Protect Residents from Contact with Abusers • PAQ **Interviews Conducted:** • Executive Director • PCM • DO **Interviews & Relevant Findings:** Policy 6.66 requires that AMIkids Acadiana retain the ability to remove or reassign staff, contractors, or volunteers alleged to have committed sexual abuse in order to protect residents pending the outcome of an investigation. The policy prohibits any agreements or arrangements—such as collective bargaining agreements, employment contracts, or other formal or informal arrangements—that would limit the facility's ability to take immediate protective action when credible allegations are made. The Executive Director and PCM confirmed during interviews that the facility has no collective bargaining agreements in place and no contractual restrictions that would interfere with the removal or reassignment of staff or contractors to protect residents. In the event of a credible allegation of sexual abuse, staff can be immediately reassigned to duties with no contact with residents, placed on administrative leave, or suspended pending the outcome of an investigation. Leadership described that such decisions are made in consultation with the agency's Human Resources department and Executive Leadership, and are documented in the employee's personnel file. The PCM confirmed that these actions are taken without delay when warranted, and always in a way that prioritizes resident safety. Review of investigative files since the last audit confirmed that in the staff-on-youth sexual abuse allegation, the accused staff member was immediately removed from resident contact pending the investigation and did not return to resident supervision

	duties during the investigative process. **Explanation of Compliance Determination:** **115.366** Policy and practice ensure that AMIkids Acadiana preserves its ability to protect residents from contact with abusers through immediate removal or reassignment of accused staff, contractors, or volunteers when credible allegations arise. The facility has no agreements in place that restrict this ability. Interviews with facility leadership and review of investigative documentation confirmed that this standard is applied in practice. In actual cases, protective measures have been taken without delay to ensure resident safety while investigative processes are ongoing. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.366. Policies, staffing practices, and investigative file reviews demonstrate that the facility maintains full ability to protect residents from contact with abusers, free from any contractual or procedural restrictions that could delay protective action.**

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.367 – Agency Protection Against Retaliation **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.67 – Protection Against Retaliation • PREA Retaliation Monitoring Report (30/60/90) form • Sexual Abuse Incident Check Sheet (includes ongoing retaliation monitoring section) • Retaliation Monitoring Documentation • PREA refresher training materials (2024–2025) • PREA refresher training sign-in sheets (February 2025) \ • PAQ • Two PREA investigative files for incidents reported since the last audit (administrative investigations conducted by OJJ; criminal investigations by the • Acadia Parish Sheriff’s Office) • Corrective Action Plan and Corresponding Proof Documentation (Retaliation

Monitoring Training Verifications)

Interviews Conducted:

- Executive Director
- PCM
- PC
- Representative sample of Direct Care Staff (13)

Interviews & Relevant Findings:

Policy 6.67 requires AMIkids Acadiana to protect residents and staff who report sexual abuse or sexual harassment, or who cooperate in such investigations, from retaliation by other residents or staff. The policy includes all provisions of PREA Standard 115.367, including:

- Designating the Shift Supervisor to ensure protective measures are initiated immediately.
- Assigning the Director of Operations to monitor for retaliation, reporting findings to the Executive Director.
- Using protective measures such as housing changes, removal of alleged aggressors from contact with victims, work/program reassignments, and increased supervision.
- Monitoring for at least 90 days following a report, with periodic status checks at 30, 60, and 90 days (and beyond if necessary).
- Reviewing changes in housing, programs, discipline, staff assignments, or performance evaluations that may suggest retaliation.
- Taking immediate corrective action if retaliation is suspected or detected.

The facility has two designated tools to meet the documentation requirement: the PREA Retaliation Monitoring Report (30/60/90) form and the Sexual Abuse Incident Check Sheet, which includes an “Ongoing PREA Retaliation Monitoring” section for documenting the conduct and treatment of involved parties for at least 90 days after a report.

The February 2025 PREA refresher training, attended by all interviewed staff, included instruction on retaliation prevention and monitoring, recognition of potential retaliation indicators, documentation requirements, and prompt remedial action. Training materials emphasized the duty to report retaliation against residents or staff and the PCM’s responsibility for oversight.

Interviews with the Executive Director, PCM, PC, and direct care staff confirmed knowledge of retaliation protection requirements. Staff could describe protective measures such as separation of residents, increased supervision, and immediate reporting to leadership. They were also aware of the need to document periodic checks and to extend monitoring beyond 90 days if necessary.

However, review of the investigative files identified a deficiency in practice. For the staff-on-resident sexual abuse allegation, only two documented status checks (dated 12/15/24 and 3/15/25) were completed during the 90-day monitoring period. These counselor check-ins do not meet the standard's requirement for consistent periodic monitoring. Furthermore, neither the PREA Retaliation Monitoring Report (30/60/90) form nor the Sexual Abuse Incident Check Sheet was utilized to document required checks in this case.

The PCM, Executive Director, and PC were advised of this deficiency during the onsite review. On August 8, 2025, a Corrective Action Plan (CAP) was developed requiring the PCM to retrain all supervisors and counselors who regularly meet with youth to complete the retaliation monitoring form or document monitoring in case notes. The CAP sets a training completion deadline of August 30, 2025.

Explanation of Compliance Determination:

115.367

(a) - (c)

Policy requires immediate and ongoing protection from retaliation for residents and staff who report sexual abuse or harassment, or who participate in investigations. Measures include separation of parties, reassignment, increased supervision, and prompt intervention if retaliation is suspected. The policy designates staff responsible for initiating and overseeing retaliation protections.

(d)

Policy mandates that the PCM monitor for retaliation for at least 90 days, with periodic status checks at 30, 60, and 90 days (and beyond if necessary), reviewing housing, program, discipline, and staff assignment changes for signs of retaliation. The facility has two official forms to document these checks; however, neither was used for the case reviewed, and only two checks were documented over 90 days, which is insufficient to meet this provision.

(e)

Policy requires that all staff report suspected retaliation to supervisors or the PCM, and that corrective action be taken immediately if retaliation is found. Training materials confirm staff receive instruction on recognizing, reporting, and documenting retaliation monitoring, and interviews confirmed staff understanding of these requirements.

Corrective Action Implementation Review:

To address the deficiency in retaliation monitoring documentation, AMIkids Acadiana implemented its Corrective Action Plan on August 8, 2025. As part of the CAP, the PCM and Executive Director required retraining for supervisors and counselors on completing the PREA Retaliation Monitoring Report (30/60/90) form or documenting monitoring in case notes. On August 18, 2025, a PREA refresher training was

	conducted, covering resident and staff rights to be free from retaliation, the importance of timely and consistent status checks, and procedures for documenting retaliation monitoring. The training emphasized use of the official 30/60/90-day Retaliation Monitoring Report and the Sexual Abuse Incident Check Sheet, and reinforced the duty to extend monitoring beyond 90 days when necessary. The auditor was provided with the August 18, 2025, training agenda and sign-in sheet, verifying attendance by the Director of Operations, Director of Treatment, and the Mental Health Provider. These records confirmed that the CAP requirement to retrain supervisors and counselors on retaliation monitoring was met prior to the corrective action deadline. Furthermore, discussions with the PCM during the corrective action period confirmed the administrative team's understanding of the monitoring requirements, including the consistent use of official forms and documentation expectations. **Conclusion:** **AMIkids Acadiana was initially found to have insufficient documentation of retaliation monitoring for one case, as only two counselor check-ins were recorded and official monitoring forms were not utilized. However, during the corrective action period the facility implemented its Corrective Action Plan by retraining supervisors and counselors on August 18, 2025, to ensure consistent use of the PREA Retaliation Monitoring Report (30/60/90) form and the Sexual Abuse Incident Check Sheet. Verification of this training, along with staff interviews confirming understanding of the process, demonstrated that the corrective action has been successfully completed. Based on the CAP implementation and supporting documentation, AMIkids Acadiana is now in full compliance with all elements of PREA Standard 115.367.**

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.368 – Post-Allegation Protective Custody **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.68 – Post-Allegation Protective Custody • PAQ **Interviews Conducted:**

- Executive Director
- PCM
- DO
- MHP
- LVN
- Representative sample of Direct Care Staff (13)

Site Review Observations & Interviews:

Policy 6.68 prohibits the placement of residents who allege sexual abuse in involuntary segregated housing unless an assessment determines that such placement is necessary for the resident's protection and that no less restrictive alternatives are available. If segregation were ever used, the policy requires documentation of the basis for the decision, the lack of available alternatives, and ongoing review to ensure the resident's access to programs, education, and other required services is not restricted.

During the onsite inspection, the auditor confirmed that AMIkids Acadiana is an open-bay dormitory facility with no isolation or segregation housing units. The facility layout does not allow for restrictive housing or "protective custody" in the traditional sense. Leadership and staff interviews confirmed that in the event a resident required separation for safety following an allegation of sexual abuse, alternative protective measures—such as reassignment to a different dorm, adjustment of staffing assignments, increased supervision, or separation of the alleged perpetrator—would be implemented immediately instead of any form of isolation.

The MHP and LVN both confirmed during interviews that they have unrestricted access to all youth at all times, and no restrictions have ever been placed to limit them from providing their applicable medical or mental health services. This assurance applies regardless of any protective measures implemented following a PREA allegation, ensuring continuity of care.

As referenced in PREA Standard 115.342 of this report, these alternative housing and supervision measures are designed to ensure resident safety while maintaining full access to programming, education, and other facility services. Staff and administrators consistently stated that no resident would ever be placed in segregated housing as a protective measure, and that the facility's physical layout and policy requirements reinforce this practice.

Review of investigative files since the last audit confirmed there were no instances where a resident was placed in involuntary segregated housing for protective purposes following a PREA allegation. All protective measures documented in reviewed cases were consistent with the facility's open-bay configuration and policy requirements.

Explanation of Compliance Determination:

	115.368 **(a) - (c)** Policy strictly limits the use of involuntary segregated housing following a sexual abuse allegation to situations where no less restrictive alternatives are available, and requires detailed documentation if used. In practice, the facility has no capability for such housing, and protective measures are achieved through dorm reassignments, increased staff monitoring, and separation of the alleged perpetrator from the victim. Residents maintain access to programs, education, recreation, and other required services. Interviews with leadership, the MHP, the LVN, and direct care staff confirmed that all residents, including those receiving protective measures, have full and unrestricted access to medical and mental health services. The MHP and LVN affirmed that no restrictions have ever been placed that would prevent them from providing their services to any youth. Site observations confirmed the open-bay configuration and operational procedures effectively eliminate the use of isolation for protective purposes. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.368. The facility's policy aligns with PREA requirements, and its physical layout ensures that protective measures are implemented without reliance on restrictive housing. Documentation, site observations, and interviews confirm that less restrictive alternatives are used in all cases, maintaining resident safety and access to services, including full and unrestricted access to medical and mental health care.**

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.371 – Criminal and Administrative Agency Investigations **Evidence Reviewed to Determine Compliance:** • Policy #6.71 – Criminal and Administrative Agency Investigations • Policy #6.54 – Specialized Training: Investigations • Policy #6.76 – Responsive Planning of Referrals for Investigations • Louisiana Office of Juvenile Justice (OJJ) PREA Coordinated Response to Sexual Abuse Incidents

- AMIkids Acadiana PREA Incident Response Reporting Document
- Memorandum of Understanding with Hearts of Hope
- PREA investigative file reviews, including December 2024 staff-on-resident allegations
- PAQ
- Interviews with direct care staff, Executive Director, PREA Compliance Manager, and agency-wide PREA Coordinator

Interviews Conducted:

- Executive Director
- PCM
- PC
- 13 randomly selected Direct Care Staff

Relevant Findings:

AMIkids Acadiana ensures that qualified external agencies conduct all criminal and administrative investigations. APSO handles criminal cases, applying standard law enforcement evidence collection protocols, while OJJ's administrative investigators review allegations for potential policy or procedural violations.

The auditor's review of the facility's Coordinated Response Plan and Sexual Abuse Incident Check Sheet confirmed that first responder and shift supervisor duties are clearly defined to protect evidence and preserve the integrity of investigations until investigative authorities arrive. Key steps include securing the scene, separating the alleged victim and perpetrator, instructing both not to destroy evidence, notifying supervisory and administrative staff, and ensuring medical/advocacy services are offered without delay.

During the site review, the auditor verified that staff interviews reflected a consistent understanding of investigative roles, first responder obligations, and coordination with external investigators. Staff were able to articulate the steps required to protect the alleged victim, preserve evidence, and support both APSO and OJJ during their investigations.

Explanation of Compliance Determination:

(a)

Policy #6.71 – Criminal and Administrative Agency Investigations states that AMIkids Acadiana does not have the legal capability to conduct its own investigations into allegations of sexual abuse or sexual harassment. All such investigations are conducted by the Acadia Parish Sheriff's Department (APSO) and/or the Louisiana Office of Juvenile Justice (OJJ). The policy requires full cooperation with these investigative entities and specifies that AMIkids Acadiana will remain informed of the progress of each investigation, documenting its efforts in progress notes.

Policy #6.54 further reinforces that all allegations are promptly reported to the appropriate external investigative agency, and that the facility will facilitate coordination to meet investigative requirements. The agency-wide PREA Coordinator confirmed during interviews that these procedures are consistently followed.

(b) & (c)

OJJ investigative staff are trained to conduct prompt, thorough, and objective investigations, gathering direct and circumstantial evidence, conducting interviews, and reviewing physical and documentary evidence. APSO follows its criminal investigative protocols, collects and preserves evidence, and coordinates with OJJ when concurrent investigations are warranted.

(d) & (e)

If criminal conduct is suspected, APSO refers the case to the District Attorney's Office for prosecution. OJJ continues administrative investigations regardless of criminal proceedings unless doing so would compromise the criminal case. Both agencies document findings in writing, summarizing the evidence and indicating whether the allegation is substantiated, unsubstantiated, or unfounded.

(f) & (g)

OJJ and APSO retain all investigative reports and supporting documentation according to state records retention schedules. OJJ uploads final administrative investigation reports into its PREA database and provides written findings to the facility for notification to the resident.

(h) & (i)

OJJ investigators, APSO officers, and Hearts of Hope victim advocates receive specialized training to work with juvenile victims of sexual abuse, including trauma-informed interview techniques and youth-specific forensic considerations.

PREA Investigative File Review:

The December 2024 staff-on-resident sexual abuse allegation demonstrated the process in full:

- OJJ assigned a PREA Field Investigator who conducted interviews, collected statements, and reviewed evidence
- APSO was notified and determined there was insufficient evidence for criminal charges (unfounded)
- OJJ completed its administrative investigation, concluding the allegation was unsubstantiated
- Findings were documented in the OJJ PREA Field Investigation Report, and written notification was provided to the facility for delivery to the alleged victim
- The facility conducted a Sexual Abuse Incident Review to assess policy,

	training, and operational implications A second resident-on-resident incident (shower curtain incident) was also referred to OJJ, reviewed administratively, and addressed through immediate facility-level interventions, though it was determined not to meet the threshold for sexual abuse or sexual harassment. **Conclusion:** **Based on policy review (including Policy #6.71), documentation, interviews, and investigative file analysis, AMIkids Acadiana meets the requirements of PREA Standard 115.371. Allegations are investigated promptly, thoroughly, and objectively by trained investigative agencies, and findings are documented in accordance with the standard. No corrective action is required.**

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.372 – Evidentiary Standard for Administrative Investigations **Evidence Reviewed to Determine Compliance:** • Policy #7.26 – Evidentiary Standard for Investigations • Policy #6.71 – Criminal and Administrative Agency Investigations • Policy #6.76 – Responsive Planning of Referrals for Investigation • Louisiana Office of Juvenile Justice (OJJ) PREA Coordinated Response to Sexual Abuse Incidents • PREA investigative file reviews, including December 2024 staff-on-resident allegation • PAQ • Interviews **Interviews Conducted:** • Executive Director • PCM • PC **Site Review Observations:**

	OJJ investigative files and documentation confirmed that all administrative investigations apply the preponderance of the evidence standard when determining whether an allegation is substantiated, unsubstantiated, or unfounded. **Explanation of Compliance Determination:** Policy #7.26 states that AMIkids Acadiana imposes a standard no higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. As AMIkids Acadiana does not conduct its own administrative investigations, this standard applies to OJJ, which is responsible for conducting administrative investigations for the facility. Facility leadership confirmed during their interviews that OJJ consistently applies the preponderance of the evidence standard in all administrative cases. This was demonstrated in the December 2024 staff-on-resident sexual abuse case. The OJJ PREA Field Investigator documented the evidence collected, interviews conducted, and a final conclusion based on whether it was more likely than not that the alleged conduct occurred. The case was ultimately closed as unsubstantiated, with supporting documentation in the investigative file. The investigative process followed by OJJ ensures that the decision-making standard meets or is lower than the preponderance threshold, in full compliance with this standard. **Conclusion:** **Based on policy review, investigative file analysis, and confirmation from agency leadership, AMIkids Acadiana meets the requirements of PREA Standard 115.372. No corrective action is required.**

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.373 – Reporting to Residents **Evidence Reviewed to Determine Compliance:** • Policy #6.73 – Reporting to Residents • Policy #6.71 – Criminal and Administrative Agency Investigations • Policy #6.76 – Responsive Planning of Referrals for Investigations • Louisiana Office of Juvenile Justice (OJJ) PREA Coordinated Response to Sexual Abuse Incidents

- PREA investigative file reviews, including December 2024 staff-on-resident allegation
- Resident PREA Allegation Status Notification
- Sexual Abuse Incident Review documentation
- PAQ
- Interviews with the Executive Director, PREA Compliance Manager, agency-wide PREA Coordinator, and resident

Interviews Conducted:

- Executive Director
- PCM
- PC
- Resident involved in a 2024 PREA allegation

Site Review Observations:

Notification forms, investigative files, and interview responses confirmed that residents are informed—verbally and in writing—of the outcome of any investigation into their allegation of sexual abuse. Documentation includes the resident's signature acknowledging receipt of the outcome.

Explanation of Compliance Determination:

Policy #6.73 requires that, following an investigation into a resident's allegation of sexual abuse occurring at the facility, AMIkids Acadiana shall inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Notifications are documented in writing with the resident's signed acknowledgment. If the resident is no longer housed at the facility, OJJ is responsible for providing notification.

If an outside agency conducts the investigation, AMIkids Acadiana will request the results or relevant information in order to notify the resident while they remain in the program. The PREA Compliance Manager ensures this process is completed and properly documented.

In the December 2024 staff-on-resident sexual abuse case, the PCM completed the Resident PREA Allegation Status Notification form after the Acadia Parish Sheriff's Office concluded its criminal investigation. The criminal case was closed as unfounded due to lack of evidence, and the signed forms reflect that the victims were informed of this finding. However, after OJJ concluded its separate administrative investigation with a determination of unsubstantiated, the youth victims were not advised of this change in outcome. This meant the residents were informed only of the criminal case result, which required a higher standard of proof (beyond a reasonable doubt), and were not informed of the administrative finding, which is determined by a preponderance of the evidence. Furthermore, the resident interviewed onsite who was involved in this investigation as the alleged victim confirmed that the notification was made and that he signed the notification form.

	After review of the documentation provided and through interviews and discussions with facility leadership, the auditor determined that the facility made an error by not providing this second notification. Upon discussion, the PCM acknowledged the oversight and provided a written memo confirming their understanding of the requirement to issue multiple notifications when both an OJJ administrative investigation and a law enforcement criminal investigation are conducted on the same case. The PCM affirmed that they will ensure residents are notified of the outcome of each separate investigation moving forward. A resident-on-resident misconduct case (shower curtain incident) was also reviewed. While determined not to meet the threshold for sexual abuse or harassment, the involved resident was counseled, reassigned housing, and the incident was documented. OJJ was notified, and no further notification to the resident was required beyond the in-person explanation at the time of the event. **Conclusion:** **Based on policy review, investigative file analysis, signed Resident PREA Allegation Status Notification forms, and verification of corrective measures, the auditor determined that AMIkids Acadiana is in compliance with PREA Standard 115.373. The facility took prompt corrective action to address a notification oversight, and leadership demonstrated an understanding of the requirement to provide separate notifications when multiple investigations occur concurrently, ensuring this error will not occur in the future.**

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.376 – Disciplinary Sanctions for Staff **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.76 – Disciplinary Sanctions for Staff • Statement of Facts – PREA Standard 115.376(b) (signed by PREA Compliance Manager and Executive Director) • PREA Policy Review and Staffing Records • HR documentation and letter of resignation related to staff-on-resident allegation • Investigation outcomes from Acadia Parish Sheriff’s Office (criminal) and Office of Juvenile Justice (administrative) **Interviews Conducted:**

- Executive Director
- PCM
- HR Business Manager

Site Review Observations:

During the onsite review, the auditor discussed with facility leadership the disciplinary processes for staff who violate sexual abuse or sexual harassment policies. Policy and interview statements were consistent in establishing that termination is the presumptive sanction for staff who engage in sexual abuse. Leadership also confirmed that any such termination, or resignation in lieu of termination, would be reported to law enforcement (unless clearly not criminal) and to relevant licensing bodies. Additionally, in accordance with agency policy and state-mandated reporting requirements, all allegations of sexual abuse are promptly reported to OJJ, DCFS, and local law enforcement.

The HR Business Manager described the established process for handling violations of sexual abuse and sexual harassment policies. She confirmed that all allegations are investigated promptly, and when a finding supports termination under Policy 6.76, the employee is immediately removed from duty. She also noted that the facility adheres to due process, ensures documentation of the findings, and coordinates with law enforcement and licensing entities when applicable (OJJ/DCFS).

During the audit review period, the facility had one staff-on-resident sexual abuse allegation that was investigated both criminally and administratively. The Acadia Parish Sheriff’s Office determined the case to be unfounded due to lack of evidence to pursue criminal charges, and the Office of Juvenile Justice determined the allegation to be unsubstantiated. The alleged staff perpetrator in this case was placed on administrative leave for the duration of both investigations and later resigned from employment with the facility. The resignation was confirmed through HR documentation and a letter of resignation provided by the HR Business Manager.

Explanation of Compliance Determination:

115.376

(a)

Policy 6.76 clearly states that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff found to have engaged in sexual abuse. The policy also establishes that sanctions for other violations related to sexual abuse or sexual harassment are proportionate to the nature and circumstances of the acts, the employee’s disciplinary history, and sanctions imposed for comparable offenses by similarly situated staff.

(b)

The Statement of Facts provided by the PREA Compliance Manager confirms that

	during the audit review period, there were no incidents in which a staff member, contractor, or volunteer was terminated or resigned in lieu of termination for engaging in sexual abuse or sexual harassment against a resident. While one staff-on-resident sexual abuse allegation was investigated during the review period, the criminal investigation by the Acadia Parish Sheriff's Office was closed as unfounded, and the administrative investigation by OJJ resulted in an unsubstantiated finding. The staff member resigned from employment during the investigation period, as confirmed through HR documentation. **(c)** Per policy, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations in lieu of termination for such violations, are reported to law enforcement unless the conduct is clearly not criminal. Reports are also made to any relevant licensing bodies. **Staff Training Review:** Training for supervisors, managers, and HR personnel includes clear instruction on the disciplinary process, the requirement for termination when sexual abuse is substantiated, and the obligation to report to law enforcement and licensing bodies as applicable. The HR Business Manager confirmed that this training has been provided and that she is familiar with its application in practice. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.376. Policy 6.76 aligns with the standard by making termination the presumptive disciplinary sanction for staff who engage in sexual abuse, requiring proportionate sanctions for lesser violations, and mandating reporting of qualifying terminations and resignations. Documentation, interviews, and training records confirm that the facility has had no qualifying terminations or resignations for substantiated sexual abuse or harassment during the audit period. The one staff-on-resident sexual abuse allegation during the review period resulted in unfounded and unsubstantiated findings; the staff member was placed on administrative leave during both investigations and subsequently resigned.**

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.377 – Corrective Action for Contractors and Volunteers

Evidence Reviewed to Determine Compliance:

- AMIkids Acadiana Policy 6.77 – Corrective Action for Contractors and Volunteers
- AMIkids Acadiana Policy 332 – Volunteer and Contractor Training and Education
- PREA Volunteer and Contractor Training Curriculum and Materials
- Statement of Facts – PREA Standards 115.376(b) & 115.377 (signed by PREA Compliance Manager and Executive Director)
- PREA Policy Review and Staffing/Contractor Records
- PAQ

Interviews Conducted:

- Executive Director
- PCM
- HR Business Manager

Site Review Observations:

During the onsite review, the auditor discussed with facility leadership the procedures for addressing violations of sexual abuse or sexual harassment policies by contractors and volunteers. Leadership confirmed that any contractor or volunteer who engages in sexual abuse is prohibited from any further contact with residents and is promptly reported to law enforcement (unless the conduct is clearly not criminal) and to any relevant licensing bodies. They also emphasized that, in accordance with agency policy and state-mandated reporting requirements, all allegations of sexual abuse involving contractors or volunteers are reported to the Louisiana OJJ, the DCFS, and local law enforcement (Acadia Parish Sheriff's Office).

Leadership and the HR Business Manager confirmed that the investigative and protective protocols applied to staff under Policy 6.76 (PREA Standard 115.376) are also applied to contractors and volunteers. This includes immediate removal from the facility pending investigation, prohibition of resident contact during the investigative period, and coordination with external investigative agencies for case handling.

Explanation of Compliance Determination:

115.377

(a)

Policy 6.77 states that any contractor or volunteer who engages in sexual abuse will be reported to law enforcement and relevant licensing bodies, unless the conduct is clearly not criminal. It further requires that such individuals be prohibited from any further contact with residents.

(b)

Per Policy 332 and the Volunteer and Contractor PREA Training Curriculum, all contractors and volunteers who have ongoing contact with residents must complete specialized PREA training prior to beginning their duties. This training includes:

- The agency's zero-tolerance policy toward sexual abuse and sexual harassment
- The definitions of sexual abuse, sexual harassment, and sexual misconduct under PREA
- Mandatory reporting responsibilities for any knowledge, suspicion, or information regarding sexual abuse or harassment, retaliation, or staff neglect that may have contributed to abuse
- Methods for reporting incidents (verbally, in writing, anonymously, and through third-party reports)
- Recognizing signs of sexual abuse or sexual harassment
- Maintaining professional boundaries with residents
- Applicable sanctions for violations, including removal from the facility, termination of services, reporting to licensing bodies, and potential criminal prosecution

The training materials reviewed and interviews with leadership confirmed that contractors and volunteers acknowledge their understanding by signing a zero-tolerance statement prior to providing services.

(c)

The Statement of Facts provided by the PREA Compliance Manager confirms that during the audit review period, there were no incidents in which a contractor or volunteer engaged in sexual abuse or sexual harassment against a resident. This statement was signed by both the PCM and the Executive Director.

Conclusion:

AMIkids Acadiana meets the requirements of PREA Standard 115.377. Policy 6.77 ensures that any contractor or volunteer found to have engaged in sexual abuse is barred from resident contact, reported to law enforcement and relevant licensing bodies, and subject to appropriate sanctions. The same investigative and protective procedures applied to staff are followed for contractors and volunteers. Training records confirm that all contractors and volunteers receive specialized PREA training prior to service, including instruction on zero tolerance, mandatory reporting, professional boundaries, and detection of sexual abuse and harassment. Documentation and interviews confirm that no incidents occurred during the audit period and that personnel understand and follow the corrective action requirements.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.378 – Disciplinary Sanctions for Resident-on-Resident Sexual Abuse **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.78 – Interventions and Disciplinary Sanctions for Residents • Facility dorm assignment and movement procedures • PREA Incident Review documentation for resident-on-resident allegations • PAQ • Statement of Facts from PREA Compliance Manager • Documentation of resident movement following December 2024 shower curtain incident **Interviews Conducted:** • Executive Director • PCM • 13 Direct Care Staff **Site Review Observations:** During the onsite review, the auditor observed that AMIkids Acadiana is an open bay, dormitory-style facility, with residents sleeping in large open rooms on bunk beds. The facility has three separate dorms, which allows leadership to move residents as needed to ensure separation in the event of a PREA-related incident between residents. The facility does not have the ability to isolate residents in a room, and agency policies prohibit the use of isolation as a form of punishment. Interviews with the Executive Director, PCM, and all 13 randomly selected direct care staff consistently confirmed that residents are never isolated as a means of discipline, and that the facility does not have secure rooms where isolation could occur. Residents subject to disciplinary sanctions continue to participate in their regular routine programming, which includes access to educational programming and daily exercise. Leadership confirmed that if a resident perpetrates sexual abuse against another resident, options include discharging the youth to the originating agency or, if criminal charges are being pursued, having the resident taken into custody by law enforcement. For less severe incidents, such as sexual harassment or other forms of sexual misconduct, a resident’s dorm, bed assignment, programming, and educational

placement may be re-evaluated to ensure safety and separation. The PCM and ED confirmed that all PREA-related allegations of sexual abuse or sexual harassment are reported to OJJ and DCFS, and law enforcement is notified for all allegations of sexual abuse.

The December 2024 incident described in the 115.371 section—where a youth was involved in removing a shower curtain—resulted in the youth being separated and moved to a different dorm.

Explanation of Compliance Determination:

115.378

(a)

Policy 6.78 states that residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse, the resident's disciplinary history, and sanctions imposed for comparable offenses by other residents with similar histories.

(b)

Policy 6.78 prohibits the use of isolation as a disciplinary sanction and ensures that residents under sanction continue to have access to educational programming and daily exercise. The facility's open-bay, dormitory-style layout does not allow for single-room isolation; however, the three dorms allow for physical separation when necessary. Sanctions may include reassignment of dorms, beds, programming, or educational placements, or discharge from the program and return to the originating agency. For sexual abuse cases, law enforcement custody is also an option if charges are being pursued.

(c)

Policy requires consideration of whether a resident's mental disabilities or mental illness contributed to the behavior when determining the type of sanction. AMIkids refers residents to therapy, counseling, or other interventions designed to address and correct the underlying reasons for the abuse. Residents cannot be disciplined for refusing to participate in such interventions, though refusal is documented.

(d)

The policy prohibits disciplining a resident for sexual contact with staff unless it is found that the staff member did not consent. All sexual activity between residents is prohibited, and such activity is deemed sexual abuse only when determined to be coerced. Residents are not disciplined for making a report of sexual abuse in good faith based on a reasonable belief that the alleged conduct occurred.

Conclusion:

	AMIkids Acadiana meets the requirements of PREA Standard 115.378. Policy and practice prohibit isolation as punishment while providing for appropriate disciplinary sanctions that are proportionate, consider individual circumstances, and maintain resident access to programs. The facility uses dorm reassignments, programming adjustments, therapeutic interventions, and, when necessary, discharge or custody transfer to ensure safety. Documentation and interviews confirm that these measures are applied in compliance with PREA requirements and that all required notifications to external agencies are made.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	PREA Standard 115.381 – Medical and Mental Health Screenings; History of Sexual Abuse **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 5.81 – Medical and Mental Health Screening; History of Sexual Abuse • AMIkids Acadiana Policy 6.82 – Screening for Risk of Victimization and Abusiveness • AMIkids Acadiana Policy 6.42 – Use of Screening Information • Initial Risk Screening Tool (Screening for Vulnerability to Victimization & Sexually Aggressive Behavior- VSAB) and Periodic Screening Tool • Classification for Placement and Reassessment Forms • PAQ • Documentation for representative sample of 10 residents, including risk screenings and follow-up mental health/medical services **Interviews Conducted:** • Executive Director • PCM • Medical professional • MHP • Three Targeted resident interview (youth with prior history of sexual victimization) • Seven randomly selected residents **Site Review Observations & Interviews:**

During the onsite review, the auditor confirmed that all residents are screened for risk of sexual victimization or abusiveness at intake using the standardized risk screening tool, with reassessments conducted as required by policy. Screening information is used to inform housing and program assignments in accordance with Policy 6.42.

The facility's practice and policy require that any resident identified through screening as having a prior history of sexual victimization or as having perpetrated sexual abuse is offered a follow-up meeting with a medical or mental health practitioner within 14 days. In addition, AMIkids Acadiana has implemented a practice that substantially exceeds the minimum requirements of this standard by ensuring that all residents, regardless of screening results, meet with a medical professional on the day of arrival or the next business day, and meet with a licensed mental health professional within 14 days.

The auditor interviewed one of the facility's full-time licensed mental health professionals and a full-time medical professional at the facility during the onsite. Both confirmed the requirements of this PREA standard and described the follow-up assessments conducted for all youth as standard practice. They indicated that confidentiality of disclosures is strictly maintained and limited to medical and mental health practitioners and other staff only as necessary to inform treatment plans, security and management decisions, housing and bed assignments, program participation, or as otherwise required by Federal, State, or local law. Both also confirmed that all youth at AMIkids Acadiana are under the age of 18, and that they provide a confidentiality and informed consent warning to youth at the start of each meeting. The professionals also stated they have access to each resident's Risk Screening form, with these type of confidential assessments secured in a locked office in a locked cabinet.

All youth are also assigned to a full-time licensed therapist who provides specialized mental health treatment aligned with each resident's treatment plan. Counselors meet with residents weekly and participate in monthly treatment plan staffings. This was confirmed by the counselor interviewed and the PCM.

In the representative sample of 10 residents reviewed by the auditor, one youth disclosed a history of sexual victimization prior to admission. Documentation showed that this youth met with a licensed counselor within 14 days of intake. During a targeted resident interview, the youth confirmed meeting with a counselor within two weeks of arrival. The other nine residents in the sample each confirmed meeting with a counselor within approximately two weeks of arrival and meeting with a nurse within one to two days of admission.

Explanation of Compliance Determination:

115.381

(a)

Policy 5.81 requires that any resident identified during the risk screening process as

	having a history of sexual victimization or sexual abusiveness be offered a follow-up meeting with a medical or mental health practitioner within 14 days. The policy also limits disclosure of such information to medical and mental health practitioners and other necessary staff. **(b)** In practice, the facility exceeds this requirement by ensuring that all new residents, regardless of screening results, meet with a medical professional on the day of arrival or the next business day and are assigned to a licensed therapist who meets with them within 14 days. Confidentiality limitations and informed consent are explained to all youth at the start of medical or mental health sessions, and disclosures are shared only as necessary for treatment, security, housing, or as otherwise required by law. **(c)** In the representative sample of 10 residents reviewed, all applicable cases met or exceeded the 14-day follow-up requirement. The one resident with a documented history of sexual victimization met with a licensed counselor within 14 days, confirmed in both documentation and targeted interview. The other nine residents reported timely access to both medical and counseling services consistent with the facility's enhanced practice. **Conclusion:** **AMIkids Acadiana exceeds the requirements of PREA Standard 115.381. In addition to meeting the standard's requirement for timely follow-up for residents with a history of sexual victimization or abusiveness, the facility ensures that every youth is seen by both a medical professional and a licensed mental health professional within 14 days of arrival, regardless of screening results. This proactive, universal approach to medical and mental health engagement exceeds the minimum requirements and demonstrates a strong commitment to resident care and safety.**

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.382 – Access to Emergency Medical and Mental Health Services **Evidence Reviewed to Determine Compliance:**

- AMIkids Acadiana Policy 6.82 – Access to Emergency Medical and Mental Health Services
- AMIkids Acadiana Policy 6.65 – Coordinated Response
- AMIkids Acadiana Policy 6.64 – Staff First Responder Duties
- AMIkids Acadiana Policy 6.54 – Specialized Training: Medical and Mental Health Care
- Hearts of Hope Memorandum of Understanding (MOU) – executed May 25, 2023
- PAQ
- Staff training records related to first responder duties and coordinated response
- Documentation of access to medical and mental health services following PREA-related incidents

Interviews Conducted:

- Executive Director
- PCM
- Full-time licensed MHP
- Full-time LPN

Site Review Observations & Interviews:

During the onsite review, the auditor confirmed through documentation, policy review, and interviews that AMIkids Acadiana provides timely and unimpeded access to emergency medical treatment and crisis intervention services for any resident who is a victim of sexual abuse, without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation.

The full-time licensed mental health professional and full-time medical professional both confirmed the facility's ability to provide all elements required by this standard, including timely access to sexually transmitted infection (STI) prophylaxis in accordance with accepted standards of care. As all residents at the facility are male, emergency contraception is not applicable. Treatment decisions are made by medical and mental health practitioners based on professional judgment and documented in the resident's confidential medical or mental health file.

The Hearts of Hope MOU ensures 24/7 access to SANE (Sexual Assault Nurse Examiner) services, victim advocates, crisis counseling, and forensic interviews. The agreement provides for coordinated response between law enforcement, the crime lab, medical personnel, and advocacy services, ensuring that all necessary medical and mental health needs are met in a trauma-informed manner.

Staff receive annual training on first responder duties and the coordinated response process, which includes ensuring the alleged victim is immediately separated from the alleged perpetrator, preserving evidence, and notifying medical and mental health staff without delay.

	The medical and mental health professionals interviewed confirmed that confidentiality of all medical and mental health services is maintained, with information disclosed only to those necessary to inform treatment plans, safety, and security decisions, or as required by law. Both also confirmed that all youth at the facility are under the age of 18, and that they provide an informed consent and confidentiality explanation before delivering services. **Explanation of Compliance Determination:** **115.382** **(a)** Policy 6.82 ensures that “resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.” Services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation. **(b)** Policy 6.82 requires that 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 Standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners.” Policies 6.64 (Staff First Responder Duties) and 6.65 (Coordinated Response) outline these protective and notification procedures in detail. Interviews with staff and medical/mental health professionals confirmed that these steps are followed in practice. **(c)** Policy 6.82 requires that “resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.” As all residents are male, emergency contraception is not applicable. STI prophylaxis is available when medically indicated, and the facility’s medical professional confirmed these services are provided in accordance with accepted standards. **(d)** The facility maintains a Memorandum of Understanding with Hearts of Hope, which ensures 24/7 access to SANE services, victim advocates, and trauma counseling, along with coordinated involvement of law enforcement, forensic services, and other medical professionals. Interviews with the MHP and LPN confirmed that when specialized treatment is needed beyond their scope of practice, referrals are made to licensed doctors, local hospitals in Lafayette, or other qualified community providers, and emergency situations prompt immediate 911 activation.

	Conclusion: **AMIkids Acadiana meets the requirements of PREA Standard 115.382. Policies, procedures, MOUs, and staff training collectively ensure residents receive timely and unimpeded access to emergency medical and mental health services, with strong coordination between internal staff and external partners such as Hearts of Hope. Interviews and documentation confirm that services are confidential, provided without cost, and offered regardless of whether the victim names the abuser or cooperates with an investigation.**

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.383 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 6.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers • AMIkids Acadiana Policy 6.82 – Access to Emergency Medical and Mental Health Services • AMIkids Acadiana Policy 6.54 – Specialized Training: Medical and Mental Health Care • Hearts of Hope Memorandum of Understanding (MOU) – executed May 25, 2023 • PAQ • Documentation of medical and mental health follow-up services • Staff training records related to ongoing medical and mental health care for victims and abusers **Interviews Conducted:** • Executive Director • PCM • Full-time licensed MHP • Full-time LPN **Site Review Observations & Interviews:**

	During the onsite review, the auditor confirmed that AMIkids Acadiana offers medical and mental health evaluation and, when appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility, as well as to residents who have been abusers. Services are provided without financial cost to the resident and regardless of whether the victim names the abuser or cooperates with an investigation. The full-time MHP and LPN both confirmed their ability to provide the services required under this standard, including evaluations, counseling, and medical treatment in accordance with professionally accepted standards of care. Each professional also confirmed that they work in coordination with licensed doctors to ensure any medical or mental health service beyond their scope of licensing is referred to an appropriate provider. When specialized care is needed, referrals are made to community medical or mental health professionals, including the local hospitals in Lafayette. In an emergency, 911 services are called immediately. The Hearts of Hope MOU ensures that residents also have access to specialized sexual assault services, including SANE services, forensic interviews, advocacy, and trauma counseling as needed. Medical services include testing for sexually transmitted infections (STIs) when medically appropriate. As the facility houses only male residents, emergency contraception is not applicable. Mental health services are available to victims for as long as deemed necessary by mental health practitioners, and residents identified as having a history of sexually abusive behavior are evaluated within 60 days of identification and offered appropriate treatment. Both the MHP and LPN confirmed that confidentiality of medical and mental health information is maintained, with disclosures only to those staff necessary for treatment planning, security and management decisions, or as otherwise required by law. All residents at the facility are under the age of 18, and informed consent and confidentiality limitations are explained to them before services are provided. **Explanation of Compliance Determination:** **115.383** **(a)** Policy 6.83 ensures that resident victims of sexual abuse are offered ongoing medical and mental health evaluations and treatment as appropriate. All services are provided without cost to the resident, regardless of the victim’s willingness to name the abuser or cooperate with an investigation. **(b)** Policy 6.83 states that “resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.” As all residents are male, emergency contraception is not applicable to this facility. The full-time medical professional confirmed that STI testing and treatment are

	conducted in accordance with accepted standards of care and that any services beyond their scope of practice are referred to a licensed doctor, local hospital, or other qualified community medical provider. **(c)** Policy 6.83 requires that “AMIkids Acadiana will attempt to conduct mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.” The full-time mental health professional confirmed that these evaluations are conducted promptly within the required time frame, and treatment recommendations are based on individualized assessment. **(d)** Policy 6.83 outlines that treatment will be provided “when deemed appropriate by mental health practitioners” and will be “documented via the referral process.” Interviews with the facility’s medical and mental health professionals confirmed that they work directly with licensed doctors and local hospitals in Lafayette to ensure that any specialized medical or mental health service beyond their licensing scope is referred to the most appropriate community provider. In an emergency, 911 is called immediately. The Hearts of Hope MOU further supports this process by guaranteeing access to SANE services, victim advocates, and trauma counseling in coordination with law enforcement and forensic service providers. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.383. The facility provides confidential, trauma-informed, and ongoing medical and mental health care for victims of sexual abuse and for residents with a history of sexual abusiveness. Services are offered without cost, coordinated with external partners such as Hearts of Hope, and consistent with professionally accepted standards of care. Referral systems to licensed physicians, local hospitals, and emergency services ensure residents receive specialized treatment when necessary. While the facility has not had an applicable sexual abuse incident during the audit period that required ongoing medical or mental health intervention at this level, policies, training, MOUs, and interviews with staff confirm the facility’s readiness to provide such services in accordance with this standard.**

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.386 – Sexual Abuse Incident Reviews

Evidence Reviewed to Determine Compliance:

- AMIkids Acadiana Policy 6.86 – Sexual Abuse Incident Review
- PREA Sexual Abuse Incident Review Report (Attachment 6.86A)
- PREA investigative file for December 2024 staff-on-resident allegation
- Sexual Abuse Incident Review Team meeting minutes
- 115.386 Sample Incident Review Form
- PAQ

Interviews Conducted:

- Executive Director
- PCM
- Director of Operations (DO)

Interviews & Relevant Findings:

The auditor confirmed that AMIkids Acadiana conducts sexual abuse incident reviews in accordance with Policy 6.86. The policy requires that such reviews occur within 30 days of the conclusion of any criminal or administrative sexual abuse investigation, unless the allegation is determined to be unfounded. The review team is to include upper-level management and allow for input from line supervisors, investigators, and medical or mental health practitioners. Findings and recommendations are documented in a written report and submitted to the Executive Director and PCM.

The investigative file for the December 2024 staff-on-resident sexual abuse allegation, which was closed as unfounded by the Acadia Parish Sheriff's Office and unsubstantiated by OJJ, contained both the completed Sexual Abuse Incident Review Report and the corresponding Sexual Abuse Incident Review Team meeting minutes. The auditor confirmed that the review was conducted within 30 days of the conclusion of the investigation and included the PCM, Director of Treatment, DO, and review by the Executive Director.

The PCM and Executive Director described the review process in their interviews, explaining that the leadership team meets within 30 days after the close of any investigation to conduct the critical incident review. They confirmed that the review examines:

- Whether a change in policy or practice is needed to better prevent, detect, or respond to sexual abuse.
- Whether the incident was motivated by any protected status or group dynamics.
- The area where the incident allegedly occurred, assessing for blind spots or physical barriers.
- The adequacy of staffing levels during relevant shifts.
- Whether monitoring technology should be deployed or augmented.

As a result of this incident review, the facility implemented a procedural change by placing a table between the staff's position and the area where youth receive items from the facility's Bid Store (snack store). During the interview in his office, the DO demonstrated how the table is moved in front of the Bid Store room so that staff inside remain positioned behind it, ensuring a physical barrier between staff and residents at all times. The DO further explained that he will either be stationed in the hallway outside the Bid Store or in his office, maintaining a direct line of sight into the Bid Store area through mirrors positioned in the hallway outside his office. The auditor verified these measures during the onsite visit.

The DO and Executive Director also confirmed plans to install cameras in the Education hallway to further enhance monitoring in that area.

Explanation of Compliance Determination:

115.386

(a)

Policy 6.86 requires the facility to conduct a sexual abuse incident review at the conclusion of every criminal or administrative investigation unless the allegation is unfounded. The investigative file confirmed that a review was conducted for the December 2024 allegation, which was unsubstantiated administratively but not unfounded, thereby meeting the trigger requirement for review.

(b)

Policy requires that the review be conducted within 30 days of the investigation's conclusion. Documentation confirmed this timeframe was met for the reviewed case.

(c)

The policy specifies that the review team include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners. The review file showed participation by the PCM, Director of Treatment, Director of Operations, and Executive Director, consistent with this requirement.

(d)

The review documented all required areas of analysis, including:

- Evaluation of policy and practice
- Potential motivations for the incident
- Review of the physical location for blind spots
- Staffing adequacy during relevant shifts
- Consideration of monitoring technology enhancements

The review yielded actionable changes, including:

	• Establishing a physical barrier at the Bid Store (table) • Plans to install new surveillance cameras in the Education hallway **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.386. The facility demonstrated compliance through policy, investigative file documentation, and interviews, showing that reviews are conducted timely, by an appropriate team, and result in actionable recommendations to enhance safety and supervision.**

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.387 – Data Collection **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 3.87 – Data Collection • PREA Annual Report 2025 (signed copy) • PAQ **Interviews Conducted:** • Executive Director • PCM • PC **Interviews & Relevant Findings:** The auditor interviewed the PCM, Executive Director, and agency-wide PC to review how PREA data is collected, aggregated, and analyzed. They explained that the leadership team meets frequently to review any serious incidents, including all PREA allegations or incidents, to analyze data and determine corrective actions as needed to ensure optimal resident and staff safety, promote best practices, and maintain compliance with PREA standards. Policy 3.87 outlines that all reports of allegations of sexual abuse and sexual harassment are documented and compiled monthly into a spreadsheet, then reported to the Louisiana OJJ PREA Coordinator. The data is then aggregated annually by incident category and submitted to the OJJ PREA Coordinator by June 30.

	The annual data is made publicly available on the agency's website. The PREA Annual Report 2025, which includes data for calendar years 2023 and 2024, was reviewed and confirmed to contain all required categories: resident-on-resident sexual abuse, staff-on-resident sexual abuse, resident-on-resident sexual harassment, and staff-on-resident sexual harassment. The report compares data from the preceding year, analyzes trends, and documents whether corrective actions were necessary. The report is signed by both the Executive Director and the facility's PCM, confirming its review and approval before publication. **Explanation of Compliance Determination:** **115.387** **(a)** Policy 3.87 requires AMIkids Acadiana to collect accurate, uniform data for every allegation of sexual abuse and sexual harassment using standardized definitions from the PREA standards. This includes collecting all reports through documented incident reports and compiling them monthly for reporting to the Louisiana OJJ PREA Coordinator. **(b)** Policy specifies that this data is aggregated annually by incident category on the yearly data collection form and submitted to the Louisiana OJJ PREA Coordinator by June 30. The PREA Annual Report 2025 confirms that aggregated data is maintained and organized by the four required categories and compares the current year's data to the prior year. **(c)** The policy and practice ensure that the aggregated data is made publicly available on the agency's website, fulfilling the public access requirement. The auditor confirmed that this report was, in fact, included on the facility's website (https://am-ikids.org/location/amikids-acadiana). **(d)** The PREA Annual Report includes an analysis of the data to identify problem areas and any corrective actions needed. While no corrective action was deemed necessary in 2023 or 2024, the report still documented the review process and rationale for that determination. Interviews with the PCM, Executive Director, and agency-wide PREA Coordinator confirmed that corrective actions would be implemented promptly if trends or issues were identified. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.387. The facility's policies, documented annual report, and interview evidence confirm that data is collected for each allegation of sexual abuse and**

	sexual harassment, aggregated annually, compared to prior years, analyzed for problem areas, and made publicly available in compliance with the standard.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.388 – Data Review for Corrective Action **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 3.87 – Data Collection • PREA Annual Report 2025 (signed copy) • PAQ **Interviews Conducted:** • Executive Director • PCM • PC **Interview Summary & Relevant Findings:** The auditor interviewed the PCM, Executive Director, and agency-wide PC regarding the facility's process for reviewing collected PREA data to identify problem areas and take corrective action. They confirmed that the leadership team meets frequently to review serious incidents, such as PREA allegations, and officially convenes at least once annually to conduct a formal review of the aggregated data. This review includes analysis of trends, identification of problem areas, and determination of necessary corrective actions to improve resident and staff safety, align with best practices, and maintain compliance with PREA standards. The PREA Annual Report 2025 includes aggregated data from 2023 and 2024, compares the current year's data to the prior year, and documents the results of the review and any necessary corrective actions. Although no corrective action was deemed necessary for 2023 or 2024, the report confirms that the review process was completed and that leadership is prepared to implement corrective actions should the analysis reveal problem areas in the future. **Explanation of Compliance Determination:** **115.388**

	(a) Policy 3.87 and practice require the facility to review aggregated PREA data at least annually to identify problem areas and determine corrective actions. Interviews confirmed that the leadership team holds an official review meeting at least once per year to fulfill this requirement, with additional meetings as needed for serious incidents. **(b)** The PREA Annual Report 2025 demonstrates that aggregated data is compared to prior years and reviewed to identify problem areas. **(c)** While no corrective actions were required for 2023 or 2024, the annual report documents the review process and states that corrective measures will be implemented when necessary. **(d)** The policy requires, and the facility confirmed through interviews, that data and analysis are made publicly available via the agency's website, fulfilling the public reporting requirement. This was confirmed upon the auditor's review of the facility's website (https://amikids.org/location/amikids-acadiana). **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.388. The facility's policy, annual report, and interview evidence confirm that aggregated data is reviewed at least annually to identify problem areas and determine corrective actions, and that the results are made publicly available in compliance with the standard.**

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	PREA Standard 115.389 – Data Storage, Publication, and Destruction **Evidence Reviewed to Determine Compliance:** • AMIkids Acadiana Policy 3.87 – Data Collection • PREA Annual Report 2025 (signed copy)

- PREA Monthly Reporting Chart – Year 2024
- PAQ

Interviews Conducted:

- Executive Director
- PCM

Interview Summary & Interviews:

During the onsite audit, the auditor interviewed the PCM and Executive Director, who confirmed that all aggregated PREA data is securely retained in accordance with Policy 3.87. Aggregated sexual abuse data is compiled monthly, documented in the PREA Monthly Reporting Chart, and then aggregated annually into the PREA Annual Report. All data is stripped of personal identifiers before being made publicly available through the agency's website. The auditor verified this by reviewing the posted PREA Annual Report 2025 on the agency's public website (https://amikids-.org/location/amikids-acadiana).

While Policy 3.87 requires secure retention, annual public posting, and removal of personal identifiers prior to publication, it does not specifically address the 10-year retention requirement under PREA Standard 115.389(d). The PCM and Executive Director confirmed through interviews that aggregated PREA data is retained for at least 10 years unless otherwise required by law. Confidential resident records and related documentation are securely stored in locked file cabinets in restricted-access offices, with electronic files protected through password-restricted systems.

Explanation of Compliance Determination:

115.389

(a)

Policy 3.87 requires the secure retention of aggregated PREA data collected under PREA Standard 115.387. The PREA Monthly Reporting Chart – Year 2024 documents this monthly collection and secure retention process, providing a record of each allegation throughout the year prior to aggregation in the annual report.

(b)

Policy 3.87 requires aggregated sexual abuse data to be made publicly available on the agency's website on at least an annual basis. The auditor confirmed this by reviewing the posted PREA Annual Report 2025.

(c)

Policy 3.87 prohibits inclusion of personal identifiers in publicly released data. The PREA Annual Report 2025 contains no such identifiers.

	(d) Policy 3.87 does not specifically address the 10-year retention requirement. Interviews with the PCM and Executive Director confirmed that aggregated PREA data is retained for at least 10 years unless otherwise required by law. **Conclusion:** **AMIkids Acadiana meets the requirements of PREA Standard 115.389. Aggregated data is securely retained, personal identifiers removed, made publicly available, and preserved for at least 10 years, with provisions (a)–(c) supported by policy and documentation and provision (d) confirmed through interviews.**

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 **Explanation of Determination:** **(a):** The Executive Director, PCM, and agency-wide PC all confirmed during their interviews that the facility was audited during the last PREA audit cycle and the final report was found to be posted on the facility's website. **(b):** This audit was conducted in the first year of the 5th audit cycle. **(h):** During the onsite phase of the audit and the facility inspection, the auditor had full access to, and the ability to observe, all areas of the facility. No issues of concern were experienced or identified by the auditor during the onsite pursuant to the requirements of this PREA standard. **(l):** During all phases of the audit, the auditor was permitted to request and received copies of any relevant document including electronically stored information from administrative files and records. **(m):** During the onsite phase of the audit, the auditor was able to conduct interviews with residents and staff members in a private office type setting that ensured the residents and staff were able to communicate to the auditor privately, without other individuals able to listen to their responses. **(n):** During all three phases of the audit process, residents were and are permitted to send confidential information or correspondence to this auditor in the same manner as if they were communicating with legal counsel. As of the writing of this

	report, the auditor has not received any confidential information or correspondence from a resident and or staff to date. **Conclusion:** **Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 **Explanation of Determination:** A review of the facility's website and interviews with the Executive Director and the PCM revealed that this facility had been previously PREA audited by a certified PREA Auditor during the previous audit cycle. There was proof documentation to be found on the facility's website of the Final Report, which was dated 08/17/2022. **Conclusion:** **Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets all elements of this PREA standard, and no corrective action is required at this time.**

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

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	**Supervision and monitoring**	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status?	yes
	If a resident’s genital status is unknown, does the facility	yes

	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?	
115.315 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	**Hiring and promotion decisions**	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	**Evidence protocol and forensic medical examinations**	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

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

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

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	**Placement of residents**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	**Placement of residents**	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	**Placement of residents**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	**Placement of residents**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	**Exhaustion of administrative remedies**	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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
115.352 (e)	**Exhaustion of administrative remedies**	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	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?	
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	**Staff and agency reporting duties**	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of	yes

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

	accordance with these standards?	
115.364 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	no
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	**Criminal and administrative agency investigations**	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.388 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

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