

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: June 26, 2016

Auditor Information			
Auditor name: Michael A. Radon			
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Telephone number: 413-250-7778			
Date of facility visit: May 24 – 27, 2016			
Facility Information			
Facility name: Rutherford House			
Facility physical address: 1707 Line Avenue, Shreveport, LA 71101			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 318-222-0222			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Ira W. Tieuel			
Number of staff assigned to the facility in the last 12 months: 8			
Designed facility capacity: 43			
Current population of facility: 43			
Facility security levels/inmate custody levels: 42/Ranges 1-5			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Lafonda Iverson		Title: PREA Coordinator/Manger	
Email address: lafonda.iverson@gmail.com		Telephone number: 318-222-0222	
Agency Information			
Name of agency: Rutherford House			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1707 Line Avenue, Shreveport, LA 71101			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 318-222-0222			
Agency Chief Executive Officer			
Name: Ira W. Tieuel		Title: Executive Director	
Email address: therutherfordhouse.org		Telephone number: 318-222-0222	
Agency-Wide PREA Coordinator			
Name: Lafonda Iverson		Title: PREA Coordinator/Manager	
Email address: lafonda.iverson@gmail.com		Telephone number: 318-222-0222	

AUDIT FINDINGS

NARRATIVE

Rutherford House I: . There are several blind spots that the agency has identified that would benefit from an eight camera system. The rooms that would benefit are the kitchen, dining room and the living room. Although the dining room and living room has a camera an additional camera would provide more coverage and reduce the blind spots. Currently cameras are adjusted without the knowledge of staff and residents to assist in covering the blind spot areas in question.

Rutherford House II: The blind spots that have been noted are in the counselor office, the living room, the kitchen, dining room and staff office. These additions will depend on funding as it becomes available.

Rutherford House III: . It has been addressed that the facility would benefit from having additional cameras to assist with identified blind spots. The blind spots observed are the dining area, resident game room and the kitchen are on the list when funding becomes available. We have also addressed the remodeling of the community shower upstairs to further reduce the possibility of sexual and/or physical harassment.

Rutherford House IV: . The facility will benefit from an eight camera system. The blind areas identified are the resident phone room, the laundry room, the kitchen and an additional camera in the living room area. The discussion of remodeling the community shower in this house to individual showers when funding becomes available as well as additional cameras would reduce the residents opportunity of sexual abuse and/or physical harassment.

Rutherford House Main Office: Over the past six months we have replaced two entry doors and the lock on one door to help prevent unapproved persons from entering the building who may cause physical abuse or harassment to the residents and/or staff. Additional cameras are in the plan to monitor locations that present blind spots. The areas sited, I.S.S. school hallway, the entry way of the medical office and the kitchen area. As of July 23, 2015 a camera was added to the I.S.S. school hallway to reduce the blind spot in that area. We also replaced the camera in the dining room area which provided a wider view of the location. We have provided a push button alarm system in each outside office as well as see through safety glass in the door of the outside counselors offices.

During the month of October we identified several additional blind spots on the north side of the school area between the two classrooms. These areas will be attended to as funding is available.

January 14, 2016 several areas were discussed concerning blind spots that may be viewed as areas of concern. The first area on the list is the north side of the school area between the two classrooms. The hallway leading to the boys restroom and the school office referred to as Susan's office. The last area addressed is an additional camera placed in the I.S.S class room.

March 15, 2016 we lost video to camera 4 in the I.S.S. classroom and camera 12 which is the north end of the gym. The loss was due to the wiring and we are in the process of rewiring and upgrading the cameras. The cameras and wiring is being installed by the agency personnel in an effort to help cut the cost.

In closing, the Rutherford Houses commitment to compliance with PREA was evident throughout the audit site visit. The agency had the opportunity to have a pre PREA audit conducted by the Moss Group. The Moss Group report was very thorough and accurate in identifying the areas that the Rutherford House needed to develop action plans for compliance in the formal audit.

It was evident that the Moss Group Report was used as a PREA template for the agency making the site visit and review of policies and procedures more efficient for the audit process.

DESCRIPTION OF FACILITY CHARACTERISTICS

Rutherford House is a four group home facility located in the Highland Community which consists of three male houses and one female house. Our residents attend school at our vocational center, and main building on a weekly basis. The purpose of this staffing pattern is to ensure that the agency provides supervision for a safe environment based on the structure of the facilities and buildings that the residents and staff have access to daily. State Licensing requires Rutherford House to have a six to one ratio of residents to staff when awake and twelve to one when they are asleep. There are no approved situations that the agency may not meet this requirement. Each location that our residents have access to is described below.

Rutherford House I is located at 636 Herndon. It is a one story frame house (2245 square feet). This facility has the capacity to house thirteen residents. There are six bedrooms, one community bathroom, a staff restroom, a dining room, a kitchen, a den and a staff office. There are two staff assigned to the 7 a.m. to 3 p.m. shift. The 3 p.m. to 11 p.m. shift has two staff assigned Friday, Sunday and Monday and three staff assigned Tuesday, Wednesday, Thursday and Saturday. The 11 p.m. to 7 a.m. shift has two staff assigned each night. The facility has a four camera system equipped with four cameras through out the facility which provide additional supervision for both staff and residents to assist in the prevention and or detection of physical abuse or sexual abuse.

On the 7 a.m. to 3 p.m and 3 p.m. to 11 p.m. the staff are required to supervise the residents by rooming the facilities based on the location of the residents in each facility. To ensure staff coverage in the event of a medical or unusual occurrence the on call supervisor is contacted and will provide short time supervision until additional staff is secured. The 11 p.m. to 7 a.m. staff are required to make rounds of the facility every fifteen minutes and punch a time card assigned to that individual staff. Each 11 p.m. to 7 a.m. staff are assigned locations in the facilities. This is a requirement for each Group Home.

Rutherford House II is located at 217 Rutherford Street. It is a two story frame house (2800 square feet). This facility has the capacity to house fourteen residents and is utilized for our female residents. Effective January 20, 2016 the female residents were assigned to this house due to a fire at our Wyandotte location. On the first floor there are five bedrooms, six bathrooms, a living room, a dining room, a kitchen, a laundry room, a den, a staff office and a staff restroom. On the second floor there is one bedroom, one bathroom and a resident activity room. The facility is equipped with a four camera system with four cameras located throughout the facility to provide additional supervision for both staff and residents.

Rutherford House III is located at 553 Stoner Avenue. It is a two story frame house (4500 square feet). This facility has the capacity to house fourteen residents. On the first floor there is a staff office, a staff bathroom, a resident activity room, a television room, a dining room, a kitchen and a resident restroom. On the second floor there are five bedrooms and a community shower and restroom. There are two 7 a.m. to 3 p.m. staff assigned to this shift daily. The 3 p.m. to 11 p.m. shift has three staff assigned on Sunday through Saturday based on the staff resident ratio. Should the population increase a third staff will be added to meet the additional requirement. The 11 p.m. to 7 a.m. shift has two staff assigned each night. This facility has a four camera system with four cameras located throughout the facility to provide additional supervision for both staff and residents.

Rutherford House IV is located at 618 Herndon. It is a three story frame house (5000 square feet). The third floor is not available for use. This facility has the capacity to house fourteen residents. On the first floor there is a dining room, a staff office and a staff bathroom, a kitchen, a living room, a resident activity room and television room, a phone room and a laundry room. On the second floor there are five bedrooms, a community shower and a community restroom. The 7 a.m. to 3 p.m. shift has two staff assigned each day. The 3 p.m. to 11 p.m. shift has two staff assigned Saturday and Sunday and three staff assigned on Monday through Friday. Should the population increase additional staff will be added to meet the required staffing pattern. The 11 p.m. to 7 a.m. shift has two staff assigned each night. This facility has a four camera system with four cameras located throughout the facility to provide additional supervision for both staff and residents. We have addressed several blind spots in this house which additional cameras will provide video coverage to deter possible sexual abuse and or physical harassment.

The Rutherford House main office is located at 1707 Line Avenue. This building has over 6000 square feet of space. The administrative staff consists of an Executive Director, Executive Secretary, Director of Business Affairs, Accreditation Manager, two Assistant Directors, four Program Directors, one evening Program Director, one night Program Director, three Counselors, office staff, School Coordinator and a Cafeteria Manager. Monday through Friday 7 a.m. to 3 p.m. the students are in their assigned classrooms with Caddo Parish School teachers. The school consists of six classrooms, a complete gymnasium, a commercial kitchen, a dining room, three restrooms, two school offices, an in school suspension classroom and a supply room. The staff are assigned to various areas of the building during the school day to ensure supervision throughout the day. The main office has a sixteen camera system with eleven cameras located throughout the building to provide additional supervision for the staff and residents to prevent and observe possible situations of sexual abuse, harassment and or bullying. There are two counselor offices located on the grounds in which we have identified blind spots that are being addressed. The blind spot addressed the installation of a see through glass within the door to provide observation of each office in the event of a physical altercation, the door may also be used by either the counselors or residents to remove themselves from the room.

The Vocational Center is located at 1905 Creswell. This facility has over 35000 square feet of space. There is a carpentry shop, an auto repair shop, a computer lab, two staff offices, one staff restroom, one resident restroom and a resident's locker room. This facility is supervised by four Caddo Parish School teachers and two Rutherford House vocational assistants. Two additional Rutherford House staff are assigned to the hallway of the center to supervise the restroom area and entry of the center during classes at this location. We have a

female staff who is responsible for supervising the females in and outside of the classroom. The facility has a sixteen camera monitoring system with a total of fifteen cameras positioned for viewing of the inside and outside location. We are addressing blind spots and taking measures to ensure where there are no cameras that doors are locked to help prevent possible incidents of abuse or harassment by residents or staff. The room where the resident change clothes for shop class is supervised by a staff. May 25, 2016 the dressing room in center is in the process of being equipped with two convex mirrors and the lockers in the dressing room will be joined together to prevent any space between the locker that may allow a resident to hide behind. In addition, only four residents will be allowed to change uniforms at a time to allow better staff supervision of the area. Staff assigned to the hallway of the center will roam the hallway in the event that one of the staff need to leave the center due to an unusual occurrence.

Recreation at the Rutherford House is monitored by staff to ensure appropriate behavior in facility as well as on public outings. Staff document in a log and on an incident report any issues with arise while out on public activities. Residents must earn the privilege of an out of agency activity.

Recreation at Rutherford House consists of the following: team sports including, basketball, bowling and volleyball. They are also games played at the House gymnasium, parents with ID's are encouraged to join in. There are also board games, electronic games using the television, and dominoes. Residents are allowed to purchase radios and headphones but must adhere to the agency rules in usage. Rutherford House residents also attend the community movie theatre, do volunteer projects, attend special group activities and socials. Residents are continually under the supervision and direction of staff to/from and during these recreational times.

Healthcare at Rutherford House is as follows: Staff monitor all medicine in house, medications are accounted for and locked in a medicine cabinet. Distribution of a physician prescribed medication is done by the inhouse nurse or other qualified staff.

Schumpert Highland Hospital is the Rutherford Houses primary medical provider for emergencies as well as overnight admissions.

The Rutherford House residential facility was organized as an alternative to traditional and sometimes distant correctional institutions. Juveniles who have come to the attention of local courts are eligible for intake consideration. It is our belief that youth in trouble can benefit from treatment in a program that provides for removal from the home on a short term basis. Our goal is to provide the best care and treatment for the youth placed into our programs. For this to be accomplished, our staff must be truly committed to excellence and to the belief that positive change is possible. Placement is open to children regardless of political beliefs, race, color, religion, national origin, sexual orientation, gender, handicap/disability or any other non-merit factor whose needs cannot be met through traditional community resources. Facilities are open and children are never locked into a facility. The program is governed by a fifteen member Board of Directors and is financed by the Office of Juvenile Justice, public and private grants and the Department of Education. Private contributions are solicited to provide necessities above the state reimbursement level. Rutherford House is a non-profit organization and has been awarded tax exempt status. (501) (C) (3).

SUMMARY OF AUDIT FINDINGS

In review of the PREA Juvenile Facilities Standards which totaled 41 standards reviewed. All necessary policies and procedures and evidence documentation were provided. One standard was deemed to exceed the necessary protocols which dealt with hiring practices. The two non applicable dealt with hiring of contracted personnel, and the agency is not a collective bargaining operation.

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

Policy mandates Zero Tolerance of all forms of sexual abuse and sexual harassment. The agency organizational chart reflects the designation of a PREA Coordinator.

Policy outlines the training agenda used in implementing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Policy provides the required PREA definitions.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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.

N/A

The facility does not contract out beds to other facilities.

The Facility's contract is with the State of Louisiana through the Office of Juvenile Justice.

Standard 115.313 Supervision and monitoring

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

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.

Rutherford House has a staffing plan which provides a 1:6 ratio during waking hours and 1:12 ratio during sleeping hours. Supervision personnel, including upper level Supervisors and Administrators conduct and document unannounced rounds on all shifts to identify and deter staff/resident sexual abuse and sexual harassment. Rutherford House has video cameras in each group home, school, and vocational center to provide additional security and safety of residents and staff. A camera review schedule provides for a higher level supervisor to conduct regular reviews of the camera footage to address safety issues, blind spots, or any relevant behaviors noted to be discussed. Policy #001 prohibits any staff from alerting another staff member that unannounced visits are being conducted. Policy #001 states that failure to comply will result in disciplinary actions by the Director. The Director along with the PREA Coordinator will evaluate the cameras placement at least annually to determine limitations and adjustments needed to reduce blind spots or other noted concerns.

Standard 115.315 Limits to cross-gender viewing and searches

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

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.

Policy prohibits cross-gender pat downs or strip searches. Only same sex gender pat down searches are allowed. Policy prohibits the physical examination to determine a resident’s genital status. Policy requires only female staff to be present in the female group home when they are showering, performing bodily functions, or changing clothes. Policy requires the female staff to announce her presence when entering the area where male residents might be performing their bodily functions, showering, or changing clothes. Policy states that a male staff cannot work a shift in the female group home. When a male on call supervisor has to enter the female group home he must announce his presence before entering. Policy states that if the need for a cross-gender search, pat down, or body cavity search should occur the Office of Juvenile Justice shall be contacted for assistance.

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

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

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.

Policy requires all residents to have equal opportunity to participate in the facility’s tolerance efforts effective communication. Residents who are unable to read or visually impaired will have materials read to them. Residents with poor comprehension or intellectual disabilities will have materials explained to them in a way they can understand. Rutherford House will not accept a resident into our program who does not speak English, is blind, or deaf. Through direct supervision, staff will identify and demonstrate efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Policy prohibits the use of residents as readers or other types of resident assistants.
The facility has had no youth with disabilities in the last 12 months.

Standard 115.317 Hiring and promotion decisions

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

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Policy requires criminal background screening for all new hires and contractors who have contact with residents. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. Policy #001 also requires criminal background checks to be conducted every year. The facility is required to ask all applicants about misconduct; material omission regarding misconduct is grounds for termination.

Standard 115.318 Upgrades to facilities and technologies

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

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The Rutherford House video monitoring system has 43 cameras that retain video footage for 30 days. The existing video monitoring system has not been updated during the past 12 months.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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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.

Policy requires a staff member to protect the resident by keeping him/her in sight at all times. The resident and perpetrator will not bathe, wash hands, brush their teeth, or launder their clothes. Policy requires the staff to tape off/protect the area where the abuse allegedly occurred. The Assistant Director will contact an internal investigation. Policy requires forensic medical examinations be completed at no financial cost to the victim. The examinations shall be conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners at the University Health Hospital. Policy requires all staff to cooperate with investigations.

Rutherford House has a Memorandum of Understanding (MOU) with the Project Celebration Sexual Assault Center which provides victim advocacy services that include but are not limited to accompaniment to forensic examinations, counseling, crisis hotline, and training for staff and residents.

The agency Assistant Directors have received specialty training in investigating sexual abuse or sexual harassment in a confined setting.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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Policy requires the immediate referral of all criminal sexual abuse allegations to the Shreveport Police Department. In the past 12 months Rutherford House has had no criminal Allegations of sexual abuse or sexual harassment.

Standard 115.331 Employee training

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

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Policy gives a detailed training curriculum for all staff at Rutherford House. The training consists of the agency's Zero Tolerance policy, staff responsibilities related to preventing, detecting, reporting, and response procedures; residents rights to be free from sexual abuse and sexual harassment; the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and harassment in juvenile facilities; the common reactions of sexual abuse and sexual harassment victims; detecting and responding to signs of actual sexual abuse; avoiding inappropriate relationships with residents; communicating professionally and respectfully with residents, including those residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. All employees are trained as new hires regardless of their previous experience.

Standard 115.332 Volunteer and contractor training

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

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.

Contractors and volunteers are provided a manual which outlines their responsibilities and expectations complying to PREA. They are required to review and are given the opportunity to ask questions about the PREA information provided. A prepared document outlines information concerning PREA and the accompanying responsibilities. Contractors and volunteers acknowledge their understanding of the information. The document includes the reference to the Zero Tolerance policy; information on how to report incidents of sexual contact; and the document has to be signed, dated and kept in a file in the main office at the facility.

Standard 115.333 Resident education

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

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Policy states that during Intake Rutherford House Assistant Director over Intake will provide residents information in an age appropriate fashion which will include; the agency's Zero Tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. Intake staff will review the information with the residents and residents sign verifying receipt of the information.

Policy further requires that the resident receive additional information through training within ten days of Intake. This training is comprehensive and age appropriate and includes residents' rights to be free from retaliation for reporting incidents and the agency's policies and procedures related to responding to incidents of sexual abuse and sexual harassment. The PREA information is presented in a manner that is accessible to all residents.

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Policy states that the Assistant Director will be in charge of Administrative investigations into non-criminal sexual harassment allegations at Rutherford House. The Assistant Director has received the specialized training in investigating sexual abuse and sexual harassment in a confined setting. The specialized training consisted of training on interviewing residents who have been abused or harassed as well as the proper use of Miranda and Garrity warnings.

Rutherford House will utilize the Shreveport Police Department to conduct any potentially criminal sexual abuse investigations.

Standard 115.335 Specialized training: Medical and mental health care

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

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Policy requires all medical and mental health staff to receive PREA training on Rutherford House sexual abuse and/or sexual harassment policies and procedures. The medical and mental health staff members have completed on-line specialized training through the National Institute of Corrections in Medical Health Care for Sexual Assault Victims in a Confinement Setting.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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Policy requires a screening for risk of victimization and abusiveness is completed on each resident within seventy two (72) hours of intake and periodically throughout their confinement.

At intake, an assessment is conducted using an objective screening tool in attempt to ascertain information about prior sexual victimization or abusiveness.

Standard 115.342 Use of screening information

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

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Policy requires information from the risk screening to be used in determining housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Policy prohibits considering lesbian, gay, bi-sexual, transgender, or intersex (LGBTI) identification or status as an indicator of livelihood of being sexually abusive, furthermore the policy prohibits placing LGBTI residents into particular housing, bed, or other assignments solely on the basis of such identification or status. Policy also addresses that residents may be isolated from others only as a last resort and then only when less restrictive measures are inadequate to keep them and other residents safe and only until an alternative means can be arranged.

Standard 115.351 Resident reporting

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

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Policy lists the multiple ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting sexual abuse or sexual harassment; and staff neglect or other violations that may contribute to abuse.

A resident may report to staff, use the grievance process, call the Office of Juvenile Justice (OJJ) hotline or a third party may report allegations.

Residents may also use the “red phone” provided in each group home to call the Rape Crisis Center hotline to report sexual assault.

Residents receive reporting information at intake and in the resident manual. Reporting information is also clearly posted throughout the facility and adjacent to the telephones to assist residents making reports using the telephone.

Standard 115.352 Exhaustion of administrative remedies

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

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.

Rutherford House has an administrative process for responding to resident grievances. The Assistant Director or designee will review with each resident upon entrance into the facility the grievance procedures. Residents are not required to use an informal grievance process or to attempt to resolve with staff alleged instances of abuse. In addition to receiving this information at intake, the resident handbook contains information regarding the grievance system. Two (2) locked boxes are located between the school and the main office accessible to residents. Grievance forms and writing materials are available to residents at all times. Management staff checks the grievance boxes frequently.

Policy states that residents will not be referred to the staff member who is the subject of the complaint. Policy further states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual misconduct. Policy also states that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse is made within ninety (90) days of the filing of the grievance. If the facility receives an emergency grievance alleging a resident is subject to a substantial imminent danger of sexual abuse or sexual harassment, immediate corrective action will be taken to protect the resident. Then within five (5) days, a review and an agency decision shall be made as to the risk of imminent danger to the resident. A report of actions shall be filed.

Standard 115.353 Resident access to outside confidential support services

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

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.

An MOU (Memorandum of Understanding) with the Project Celebration Inc. provides for outside victim advocacy services to be provided. The MOU states that the services include education and training for residents and staff, counseling services, and referral services for victims. Residents also have access to their attorneys, probation officers, and other legal representation, as well as parents and legal guardians.

Standard 115.354 Third-party reporting

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

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.

Rutherford Houses’ website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident.

Standard 115.361 Staff and agency reporting duties

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

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.

All Rutherford House staff are mandated reporters and are required by Policy #001 to immediately report any knowledge, suspicion, or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents, and any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation.

Standard 115.362 Agency protection duties

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

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.

Policy requires staff to take immediate action to protect a resident when he/she is identified as being subject to substantial risk of imminent sexual abuse.

Standard 115.363 Reporting to other confinement facilities

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

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.

Policy requires the Director to notify the head of the other facility as well as the Office of Juvenile Justice within seventy two (72) hours of receiving an allegation that a resident was sexually abused while confined at another facility.

Standard 115.364 Staff first responder duties

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

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.

Policy requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving the crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still slows for the collection of physical evidence.

All Rutherford House staff have been provided a card that lists the steps to be followed for sexual assault or sexual abuse.

Standard 115.365 Coordinated response

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

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.

Policy outlines the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership.

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

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

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.

N/A

Rutherford House is not a collective bargaining agency, therefore this standard is not applicable.

Standard 115.367 Agency protection against retaliation

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

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.

Policy requires the Director to ensure the protection of residents and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. Violations of this policy will result in disciplinary actions by the Director. Due to the facility having four (4) group homes, the availability to move residents and staff to another group home is available if needed to protect either the staff, witness or resident from their abuser. The facility has counselors to provide emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment and an open door policy for them to meet with the Director on this issue.

The Director of the facility will monitor the staff, witness and/or resident for at least ninety (90) days (or more if necessary) to assess any signs of retaliation, lack of progress, and/or motivation due to disciplinary reports, program changes, or reassignments. This does include periodic status checks.

Standard 115.368 Post-allegation protective custody

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

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.

Rutherford House will only restrict a resident to a room as a last measure to keep a resident who alleges sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged.

Standard 115.371 Criminal and administrative agency investigations

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

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.

Policy requires criminal investigations to be conducted by the Shreveport Police Department. The Assistant Director will conduct administrative investigations and the information will be forwarded to law enforcement if substantiated. The policy requires staff members to cooperate with all investigations.

Standard 115.372 Evidentiary standard for administrative investigations

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

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.

Policy states the Assistant Director shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative investigations.

Standard 115.373 Reporting to residents

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

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.

Policy requires that the Assistant Director after an allegation of sexual abuse inform the resident verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded. All notifications and attempts of notification shall be documented.

Standard 115.376 Disciplinary sanctions for staff

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

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.

Policy outlines the agency's disciplinary response related to violations of PREA policies by staff. Specifically, disciplinary sanctions for staff may include termination. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination.

Standard 115.377 Corrective action for contractors and volunteers

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

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.

Policy states that any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement and the Office of Juvenile Justice services. The policy further requires that the contractor or volunteer is prohibited from contact with residents.

Standard 115.378 Disciplinary sanctions for residents

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

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.

Policy states that residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that a resident

engaged in youth-on-youth sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories.

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

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

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.

Policy supports this standard by requiring residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening be offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.

The facility does not house residents who are over the age of seventeen (17) therefore, no informed consent has been required.

Standard 115.382 Access to emergency medical and mental health services

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

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.

Policy requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. Resident victims will be afforded a forensic examination at no cost to the victim.

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

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

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.

Policy addresses ongoing medical and mental health care for sexual abuse victims and abusers. It also provides for the appropriate tests to be provided and that the facility will attempt to obtain a mental health evaluation within sixty (60) days of learning of resident-on-resident abusers and offer treatment deemed appropriate by a mental health practitioner.

Standard 115.386 Sexual abuse incident reviews

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

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.

The Assistant Director shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including the determinations of any administrative investigation, the Shreveport Police Department's investigation or the State Child Protection Services investigation if it is found to be substantiated or unsubstantiated.

The review will ordinarily occur within thirty (30) days of the conclusion of the investigation.

The review will include the Director, Assistant Director, Program Directors Mental Health Counselors, Investigators and the Medical Staff.

Standard 115.387 Data collection

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

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.

The PREA Coordinator shall collect accurate, uniform data for every allegation of sexual abuse at the facility. Such data will be collected from all available incident based documents, including reports, investigation files and sexual abuse incident reviews.

The total number of sexual abuse incidents annually shall be used to answer all questions from the recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Upon request, the facility shall provide all data from the previous calendar year to the Department of Justice.

Standard 115.388 Data review for corrective action

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

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.

The PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives.

The policy also states that an annual report will be prepared.

Standard 115.389 Data storage, publication, and destruction

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

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.

Policy requires that data is collected and securely retained for ten (10) years unless applicable laws require otherwise.

The aggregated PREA data is reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

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

Michael A. Radon

June 26, 2016

Auditor Signature

Date