

PREA Facility Audit Report: Final

Name of Facility: Christian Acres White House

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/08/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 09/08/ 2023

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	drbconsultinggroup@gmail.com
Start Date of On-Site Audit:	07/06/2023
End Date of On-Site Audit:	07/08/2023

FACILITY INFORMATION	
Facility name:	Christian Acres White House
Facility physical address:	2037 Louisiana 594 , Monroe , Louisiana - 71203
Facility mailing address:	P.O. Box 648, Tallulah, Louisiana - 71282

Primary Contact	
Name:	Lisa M. Roberts
Email Address:	lisaroberts@christianayc.com
Telephone Number:	3185743146

Superintendent/Director/Administrator	
Name:	Janet Moore
Email Address:	Janet.Moore@christianayc.com
Telephone Number:	3185743146

Facility PREA Compliance Manager

Facility Characteristics	
Designed facility capacity:	16
Current population of facility:	7
Average daily population for the past 12 months:	12
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	16-20
Facility security levels/resident custody levels:	Adjudicated OJJ Custody
Number of staff currently employed at the facility who may have contact with residents:	12
Number of individual contractors who have contact with residents, currently	1

authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Christian Acres Youth Center, Inc
Governing authority or parent agency (if applicable):	
Physical Address:	200 Bailey Street, Tallulah, Louisiana - 71282
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Lisa Roberts	Email Address:	Lisaroberts@christianayc.com

Facility AUDIT FINDINGS
Summary of Audit Findings
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being</p>

audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-06
2. End date of the onsite portion of the audit:	2023-07-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Verified MOU with "Wellsprings Sexual Assault Center."

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	12
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	11
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>There has not been these circumstances.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>12</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>None</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Reviewed resident demographical roster printed off for me to use as my selection guide.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed resident demographical roster printed off for me to use as my selection guide. I also the 10 of 11 total interviewed residents if there were any residents in the house which fits the targeted demographic I was looking for.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed resident demographical roster printed off for me to use as my selection guide. I also the 10 of 11 total interviewed residents if there were any residents in the house which fits the targeted demographic I was looking for.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed resident demographical roster printed off for me to use as my selection guide. I also the 10 of 11 total interviewed residents if there were any residents in the house which fits the targeted demographic I was looking for.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed resident demographical roster printed off for me to use as my selection guide. I also the 10 of 11 total interviewed residents if there were any residents in the house which fits the targeted demographic I was looking for.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed resident demographical roster printed off for me to use as my selection guide. I also the 10 of 11 total interviewed residents if there were any residents in the house which fits the targeted demographic I was looking for.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed resident demographical roster printed off for me to use as my selection guide. I also the 10 of 11 total interviewed residents if there were any residents in the house which fits the targeted demographic I was looking for.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed resident demographical roster printed off for me to use as my selection guide. I also the 10 of 11 total interviewed residents if there were any residents in the house which fits the targeted demographic I was looking for.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed resident demographical roster printed off for me to use as my selection guide. I also the 10 of 12 total interviewed residents if there were any residents in the house which fits the targeted demographic I was looking for.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed resident demographical roster printed off for me to use as my selection guide. I also the 10 of 11 total interviewed residents if there were any residents in the house which fits the targeted demographic I was looking for.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>None</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>4</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. 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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Interviewed Contracted Alcohol and other Drug Abuse Counselor

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

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

Yes

No

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

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>This PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, because CAWH has had no PREA allegations since CAWH's grand opening in 11/2019. This auditor also reviewed CAYC's website link, where they publish their criminal and administrative investigations data PREA (christianayc.com) for both CAYC facilities. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>

Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	<p>This PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, because CAWH has had no PREA allegations since CAWH's grand opening in 11/2019. This auditor also reviewed CAYC's website link, where they publish their criminal and administrative investigations data PREA (christianayc.com) for both CAYC facilities. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.</p>

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>This PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, because CAWH has had no PREA allegations since CAWH's grand opening in 11/2019. This auditor also reviewed CAYC's website link, where they publish their criminal and administrative investigations data PREA (christianayc.com) for both CAYC facilities. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. 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
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House’s (CAWH) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.311. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.0” as evidence of compliance with PREA Standard 115.311. This auditor reviewed CAWH’s “CAYC PREA Policy 17.0” and has concluded that it has the necessary language to align with PREA Standard 115.311.</p> <p>CAWH also submitted their Christian Acres Youth Center (CAYC) Organizational Chart as evidence of compliance with PREA Standards 115.311. The Organizational chart shows the CAYC PREA Coordinator reporting to the CAYC’s Administrator.</p> <p>Additionally, this PREA Auditor interviewed CAYC’s Administrator who shared that she supports the PREA efforts at both CAYC facilities, specifically CAWH. She also shared that CAYC’s PREA Coordinator reports directly to her. This auditor also</p>

	<p>individually interviewed CAYC’s PREA Coordinator and CAWH’s PREA Compliance Manager. CAYC’s PREA Coordinator shared that she has enough time and authority to coordinate, implement, and monitor PREA efforts a CAWH. CAWH’s PREA Compliance Manager also shared that she has the time and authority to coordinate and implement PREA Standards at CAWH. Both PREA Coordinator and PREA Compliance Manager shared that they are supported and have been allotted enough time to effectively engage in their roles.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.311.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House’s (CAWH) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.312. CAWH’s agency Christian Acres Youth Center (CAYC) responded in OAS that they did not contract with entities for custodial youth. Also, CAWH’s Christian Acres Youth Center (CAYC) did not submit any documentation in OAS. During the on-site audit, this auditor did not receive or review any contractual agreements between CAYC and contracting entities. This PREA auditor also interviewed CAYC’s PREA Coordinator and CAYC’s Agency Administrator, who confirmed that CAWH do not contract with any agency to house custodial or transitional youth.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.312.</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House’s (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.313. Christian Acres White House (CAWH) submitted their “Christian Acres</p>

Youth Center, Inc. (CAYC) PREA Policy 17.1” as evidence of compliance with PREA Standard 115.313. This auditor reviewed CAWH’s “CAYC PREA Policy 17.1” and has concluded that it has the necessary language to align with PREA Standard 115.313.

This auditor reviewed Christian Acres White House’s (CAWH) their written staffing plan, submitted in OAS. CAWH’s staffing plan described their main house and their game/visitation room location (which is a converted garage separate from their main house, resident and program demographics, ratios (wake/sleeping), their division of labor for their Case Managers, Counselor, Program Director, and their direct supervision Mentor staff. Their staffing plan also included CAWH’s use of video monitoring, unannounced rounds, and direct supervision staff. This PREA Auditor also interviewed CAYC’s PREA Coordinator, CAWH’s PREA Compliance Manager and CAWH’s Program Director. All shared that CAWH manage staff/youth ratios and proper supervision (when staff call-offs, vacations, or personnel shortages) through: 1) switching staff on current shift to fill direct supervision ratio or call the upcoming shift’s staff member in earlier; 2) provide opportunities for staff overtime; 3) utilize CAWH’s Case Managers or Counselor to provide temporary coverage until relief arrives; or 4) provide opportunities for other CAYC facility staff who have experience working at CAWH to pick up vacant shifts. CAWH’s Program Director and PREA Compliance Manager shared that a “Limited and Discrete Exigent Circumstance Form” is completed each time CAWH deviate from their original staffing plan (explaining why deviation occurred and how long deviation occurred). An example “Limited and Discrete Exigent Circumstance Form” was submitted in OAS. CAWH also documented in OAS the zero deviations occurred in the past 12 months, due to CAWH’s decrease in accepting the maximum capacity of 16 resident admissions at CAWH. CAWH further shared that their location has been going through some renovations, which also contributed to not taking the maximum capacity of 16 youth. This was verified by this PREA auditor, through reviewing a random selection of facility’s daily roster over the past 12-months (multiple selections for each month)

Finally, this PREA Auditor also reviewed randomly selected “Unannounced Intermediate of Higher Rounds,” namely “Intermediate of Higher-Level Administrative Random Monitoring.” CAWH submitted in OAS a sample selection of months (December 2022 through April 2023), as evidence of unannounced rounds being conducted. Additionally, CAWH’s Program Director shared that each month CAWH’s Administrative/Supervisory staff are responsible for conducting 3 unannounced rounds on random shifts, then document on the above-mentioned log. These logs are easy to read and identified the person and the purpose/activity conducted during the documented round.

This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.313.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.315. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.1” as evidence of compliance with PREA Standard 115.315. This auditor reviewed CAWH’s “CAYC PREA Policy 17.1” and has concluded that it has the necessary language to align with PREA Standard 115.315.</p> <p>Christian Acres White House (CAWH) houses male residents only. During interviews with 10 randomly selected residents, 9/10 stated that male staff solely pat search the male residents. Additionally, this auditor interviewed a random selection of 11 CAYC/CAWH Staff (4 Direct Supervision/Mentor Staff, 7 Specialized Staff). This auditor asked each about CAWH’s pat search procedures. This auditor specifically asked, “Which gender of staff pat searches the male residents at CAWH?” Each staff consistently stated that male staff only pat down search the male residents, unless unavoidable. Furthermore, this auditor asked, “Which gender staff pat searches a transgender resident?” Each consistently stated that if a transgender resident desires to be pat searched by a different gendered staff, they are accommodated.</p> <p>CAWH also submitted to OAS completed a two-hour “Cross-Gender Pat Search” training for their Mentor Staff. Each had updated training on Pat Searches. This auditor also observed “Opposite Gender Announcement” reminders at entrances to resident bedroom and shower areas. The signage stated, “All female staff shall announce themselves when entering this area. No exceptions.” This auditor also observed signage on each bathroom door which states, “Attention: Only one resident at a time permitted.” This auditor also interviewed 12 randomly selected residents. This auditor asked, “Does opposite gender staff announce when entering the bedroom or bathroom locations?” 10 of the 10 residents stated, “YES.” This PREA auditor also asked the residents, “Do you believe you have enough privacy to use the toilet, shower, or change your clothing without someone viewing you (opposite gender specifically)?” 10 of the 10 residents stated, “YES.”</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.315.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.316. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.1.2” as evidence of compliance with PREA Standard 115.316. This auditor reviewed CAWH’s “CAYC PREA Policy 17.1.2” and has concluded that it has the necessary language to align with PREA Standard 115.316.</p> <p>Christian Acres White House (CAWH) submitted through the PREA Online Audit System (OAS), a letter of partnership with the University of Louisiana Monroe for translation services (French, Spanish, and Chinese). CAWH also submitted a letter of agreement from their Braille Translator, to provide as needed services. The Braille translator provides Braille and American Sign Language services. Additionally, CAWH submitted their Spanish versions of their Grievance form, PREA Orientation form for resident, and PREA Pamphlet Each of these documents were submitted as evidence of providing access to residents with Limited English Proficient, deaf, low vision, etc. Finally, this auditor also reviewed CAWH’s PREA Education video, which was available in English and Spanish.</p> <p>After this auditor’s review of Christian Acres White House’s (CAWH) policy, interviews, observations of consistency in practice, and review of submitted evidence of compliance, Christian Acres White House (CAWH) is in compliance with PREA Standard 115.316.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.317. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.1.3” as evidence of compliance with PREA Standard 115.317. This auditor reviewed CAWH’s “CAYC PREA Policy 17.1.3” and has concluded that it has the necessary language to align with PREA Standard 115.317.</p> <p>While onsite, this PREA Auditor interviewed Chirstian Acrea White House’s (CAWH) Program Director who also serves as the onsite Human Resources (HR) liaison. She shared CAWH conducts criminal background check and federal fingerprint checks before considering hires or contractual work. CAWH’s Program Director also shared</p>

that as a contracting entity of the Louisiana Office of Juvenile Justice (LA-OJJ), CAWH is required to complete fingerprint background checks annually after hire, rather than every 5 years. Additionally, Child Abuse and Neglect Registry (CANS) checks are conducted before any hiring, contracting, and volunteering at CAWH. Such checks are conducted through the Louisiana Department of Child and Family Services (DCFS).

Furthermore, ALL employees are required to disclose any contact with law enforcement at each instance. According to CAWH’s Program Director, any employee who omits disclosing contact with law enforcement could result in disciplinary action up to termination. CAWH’s Program Director also shared that each prospective new hire, contractor, or volunteer are required to complete a “Pre-employment, Contractor, Promotional, and Employee Yearly Review” (PCPEYR). This accompanies the annual fingerprinting requirements per LA-OJJ. Finally, this auditor reviewed the personnel files of the 4 randomly selected interviewed CAWH Mentoring Staff and the 1 randomly selected interviewed contractor. All applications and above-mentioned screening forms were present, completed, and results attached if required (background checks, fingerprint checks, CANS checks, and PCPEYR for employees/contractor employed more than 1 year).

After this auditor’s review of Christian Acres White House’s policy, interviews, observations of consistency in practice, and review of submitted evidence of compliance, Christian Acres White House (CAWH) is in compliance with PREA Standard 115.317.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.318. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.1.4” as evidence of compliance with PREA Standard 115.318. This auditor reviewed CAWH’s “CAYC PREA Policy 17.1.4” and has concluded that it has the necessary language to align with PREA Standard 115.318.</p> <p>Christian Acres White House (CAWH) reported that the facility is a new expansion to the Christian Acres Youth Center, Inc. agency. This PREA Auditor observed 15 working cameras throughout the facility, which provides adequate viewing and recording of activity and locations throughout the facility (excluding resident bedrooms and bathrooms). The recording time of the cameras is 3 month recording</p>

	<p>minimum. Camera viewing access are through CAWH’s Program Director’s office and CAWH direct supervision Mentor Staff desk.</p> <p>The policy and practice are a 1:8 staff to ratio during wake hours and 2:16 staff during sleep hours. This ratio aligns with PREA Standards and exceeds PREA Standards during sleep hours due to CAWH being a non-secured transitional facility. All doors exiting/entering the facility have a chirping chime to let the staff know if someone is entering or exiting.</p> <p>Finally, this auditor individually interviewed CAYC’s Administrator and PREA Coordinator, as well as CAWH’s Program Director. Each shared that the identification, location, internal and external technology upgrades, room designs, signage, policies procedures, and staff training considered the ability to protect CAWH residents from neglect, physical, and sexual abuse.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.318.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.321. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.2” as evidence of compliance with PREA Standard 115.321. This auditor reviewed CAWH’s “CAYC PREA Policy 17.2” and has concluded that it has the necessary language to align with PREA Standard 115.321.</p> <p>While onsite, this auditor interviewed Christian Acres Youth Center’s (CAYC) PREA Coordinator and CAWH’s PREA Compliance Manager, who shared that they have a Memorandum of Understanding (MOU) with “Ouachita Parish Coroner’s Office (OPCO) to conduct Sexual Assault Nurse’s Examinations (SANE) and Sexual Assault and Forensic Examinations (SAFE). Residents are transported to St. Francis Hospital where the SANE/SAFE are conducted by OPCO. This auditor reviewed an executed MOU submitted through OAS portal.</p> <p>Additionally, this auditor also reviewed CAWH’s MOU with “Wellsprings Alliance for Families” who provides victim advocates/advocacy services to CAWH victims of sexual abuse. CAWH submitted a “PREA Incident Checklist” which asks the victim resident if they would like a victim advocate to accompany them to the hospital, as well as services. This auditor also reviewed, via OAS, CAWH’s MOU with the</p>

	<p>“Ouachita Parish Sheriff’s Office” to conduct criminal sexual abuse allegations. Finally, CAWH submitted training verification that all CAWH staff attended CAWH’s “Preservation of Crime Scene and 1st Responder Duties” training.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.321.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.322. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.2.1” as evidence of compliance with PREA Standard 115.322. This auditor reviewed CAWH’s “CAYC PREA Policy 17.2.1” and has concluded that it has the necessary language to align with PREA Standard 115.322.</p> <p>This auditor also reviewed CAWH’s MOU with the “Ouachita Parish Sheriff’s Office” to conduct criminal sexual abuse allegations. This auditor interviewed CAYC’s PREA Coordinator, who serves as the administrative PREA Investigator for CAWH. This auditor verified that the PREA Coordinator received specialized PREA investigator’s training While onsite, this PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, due to no PREA allegations since CAWH’s grand opening in 11/2019.</p> <p>During this auditor’s interviews with CAWH’s randomly selected resident, this auditor asked, “Have you reported being sexually abused or sexually harassed at CAWH?” Each resident interviewed responded that they had no incidents of being sexually abused of sexually harassed.” Many residents stated that it was a privilege to be placed at CAWH. Finally, CAWH submitted their website link, where they publish their criminal and administrative investigations data PREA (christianayc.com).</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.322.</p>

115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>

	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.331. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.3” and Policy 4.4 “Staff Training for Transitional Living Mentors, Counselors, Case Managers, and Contractors” as evidence of compliance with PREA Standard 115.331. This auditor reviewed CAWH’s “CAYC PREA Policy 17.3” and Policy 4.4, concluding that each has the necessary language to align with PREA Standard 115.331.</p> <p>Christian Acres White House submitted their PREA training files in OAS, as evidence of the CAWH staff receiving comprehensive PREA training. CAWH also submitted in OAS, their 6-Section “PREA Employee Training” curriculum, developed by the PREA Resource Center (PRC), along with certificates of current CAWH staff receiving training. While onsite, this auditor reviewed the training files of the 7 interviewed specialized staff and the randomly selected 4 Mentor Staff. All 11 interviewed staff files had up-to-date training (comprehensive and/or refresher training within 2 years). This auditor also verified refresher trainings in 2022 and 2023 through viewing sign in sheets, certificates, and documentation in CAWH’s “Lessonly” Database spreadsheet (via OAS upload).</p> <p>Finally, this auditor also interviewed 12 randomly selected staff (specialized, direct supervision mentor staff, and contractor), to assess their knowledge of PREA, PREA’s purpose, and how PREA relates to each staff’s role. Each interviewed staff was well versed in their knowledge of PREA.</p> <p>Each staff was asked the same scenario-based question, “If a resident runs out of the shower room and immediately states that another resident entered the shower room and sexually abused them (and penetration occurred). You look at the location and you see another resident exiting the shower room and fixing their clothing. What is your response?” 12 of 12 interviewed staff (specialized, direct supervision mentor staff, and contractor) could properly share their first-responder responsibilities. Many knew CAWH’s overall coordinated response procedures.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.331.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.332. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.3” as evidence of compliance with PREA Standard 115.332. This auditor reviewed CAWH’s “CAYC PREA Policy 17.3,” and concluded that it has the necessary language to align with PREA Standard 115.332.</p> <p>While onsite, this auditor randomly interviewed 1 of CAWH’s 3 contractors (Alcohol/ Drug Addictions Counselor). He shared his understanding of his role in ensuring resident safety from sexual abuse/sexual harassment. This auditor also reviewed the training curriculum and signed certificates of the 3 contractors of CAWH (dated 6/15/23 and 6/16/23). This PREA auditor also interviewed CAWH’s PREA Compliance Manager who shared that based on the extent of the contractor’s interactions with the resident, they may either review and sign their 4-page “PREA Volunteer Training” and sign the Acknowledgement Form or attend CAWH’s comprehensive staff training for normal hired staff. This was also verified through this auditor’s review of CAWH Training Sign-Off Sheets and both curriculums (abbreviated and comprehensive) submitted through the O.A.S.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.332.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.333. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.3.1” as evidence of compliance with PREA Standard 115.333. This auditor reviewed CAWH’s “CAYC PREA Policy 17.3.1,” and concluded that it has the necessary language to align with PREA Standard 115.333.</p> <p>While on-site, this auditor interviewed 10 randomly selected residents. 10 out of 10 of the interviewed residents (100%) stated that they did receive PREA Information/ Orientation at Intake. After reviewing more, this auditor observed that CAWH gives each resident a “New Resident Handbook” (NRO) at intake, and the CAWH’s PREA Zero Tolerance and reporting access information is on its own page in the handbook. Additionally, this auditor received an “OJJ Youth Safety Guide” pamphlet as evidence PREA Information/Orientation for residents. When this auditor showed each of the</p>

	<p>10 interviewed residents the “OJJ Safety Guide” pamphlet, 10 of the 10 residents recognized and stated that they received the pamphlet at intake. Furthermore, 10/10 residents could identify 4 or more reporting avenues. This auditor also reviewed English and Spanish versions of CAWH’s Handbook, PREA Pamphlets, Postings, and Videos. Additionally, this auditor verified that CAWH has a partnership with “Braille Services,” as well as partnerships for Spanish, French, and Chinese translation services.</p> <p>This auditor reviewed the resident files of the 10 randomly selected interviewed residents, to see if they received comprehensive “PREA Education” within 10 days of their intake. All residents received comprehensive “PREA Education.” However, 8/10 received “PREA Education” within 10 days. The 2 residents who received “PREA Education” beyond 10 days received it within 14 days. This auditor asked the PREA Compliance Manager/Case Manager (PCM) about the 2 residents who received PREA Education” beyond 10 days. CAWH’s PCM shared that she assumed that the 10-day “PREA Education” threshold was within 10 working days. Currently, CAWH’s PREA Compliance Manager/Case Manager serves as the only person who provides “PREA Education” to all residents.</p> <p>This PREA auditor recommended that CAWH shift from CAWH’s PREA Compliance Manager/Case Manager being the sole person facilitating comprehensive “PREA Education.” to both CAWH Case Managers conducting comprehensive “PREA Education.” Both Case Manager could select a set day/time of each week to conduct comprehensive “PREA Education.” Each could rotate who facilitating the “PREA Education. Another option could be that each CAWH Case Manager being responsible for their own resident caseload and provide “PREA Education” to them.</p> <p>This auditor’s review of Christian Acres White House’s policy, staff and resident interviews, random samplings of documents, observations of consistency in practice, and review of submitted evidence in OAS, this PREA Auditor concludes that Christian Acres White House is in compliance with PREA Standard 115.333.</p>
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115.334	<p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.334. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.3.2” as evidence of compliance with PREA Standard 115.334. This auditor reviewed CAWH’s “CAYC PREA Policy 17.3.2,” and</p>
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	<p>concluded that it has the necessary language to align with PREA Standard 115.334.</p> <p>While on-site, this auditor interviewed CAYC’s PREA Coordinator, who also serves as CAWH’s Administrative PREA Investigator. She shared that she tracks and retains documentation of all her PREA Administrative Investigator’s training. She further stated that she is specialized trained. This auditor reviewed CAYC’s PREA Coordinator’s OAS submissions of receiving specialized training. This auditor reviewed in OAS a “PREA: Investigating Sexual Abuse in Confinement Settings” training certificate from 4/2015, This auditor viewed another “PREA: Investigating Sexual Abuse in Confinement Settings-Advanced” training certificate, dated 4/2018 and 7/2023. This auditor also reviewed a “Detecting Deception” training certificate dated 2022.</p> <p>After this auditor’s review of Christian Acres White House’s policy, staff and resident interviews, random samplings of documents, observations of consistency in practice, and review of submitted evidence in OAS, this PREA Auditor concludes that Christian Acres White House is in compliance with PREA Standard 115.334.</p>
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115.335 Specialized training: Medical and mental health care	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.335. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.3.3” as evidence of compliance with PREA Standard 115.335. This auditor reviewed CAWH’s “CAYC PREA Policy 17.3.3,” and concluded that it has the necessary language to align with PREA Standard 115.335.</p> <p>While on-site, this auditor interviewed CAWH’s Mental Health Clinician. She was able to share her knowledge of PREA and how she follows-up with CAWH residents scoring “high-risk” on PREA Risk Screening Tool at intake. She also conducts 30-day reassessment on each resident. This Auditor also interviewed CAWH’s 2 Case Managers, who are responsible for administering risk assessments at intake, as well as setting up services. Each shared their role and referral process for “high-risk” residents. Each Case manager is responsible for conducting resident PREA Orientation at intake and resident Comprehensive PREA Education within 10-days of arrival. Additionally, this auditor interviewed CAWH Program Director who shared that CAWH do not have medical personnel onsite. For medical issues, residents are transported to the surrounding community hospital.</p> <p>Each interviewed personnel mentioned shared that they are medication</p>

	<p>administration trained and have recently received their refresher “PREA 201 for Medical and Mental Health Practitioners” training through National Institute of Correction (NIC). This auditor requested to see the training files of CAWH’s Program Director, Case Managers, and Mental Health Clinician, to verify CAWH’s specialized medical/mental health trainings. After review of training certificates (uploaded in OAS), this auditor confirms that CAWH’s staff specialized trainings are aligned with PREA Standard 115.335.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.335.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.341. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.4” as evidence of compliance with PREA Standard 115.341. This auditor reviewed CAWH’s “CAYC PREA Policy 17.4,” and concluded that it has the necessary language to align with PREA Standard 115.341.</p> <p>While on-site, this auditor interviewed CAYC’s PREA Coordinator and CAWH’s PREA Compliance Manager, who allowed this PREA auditor to view their “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” for all residents at intake. This PREA auditor reviewed CAWH’s objective screening tool and their process in administering their screening tool. CAWH’s “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” is an electronic tool which identifies point totals for each question asked to provide an overall score. The questions and scoring are categorized for victimization or perpetration risks. Each question aligns with PREA Standard 115.341.</p> <p>This auditor interviewed CAWH’s Mental Health Clinician. She was able to share her knowledge of PREA and how she follows-up with CAWH residents scoring “high-risk” on the “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” at intake. She also shared that she is responsible for conducting risk reassessments on each resident every 30 days. This Auditor also interviewed CAWH’s 2 Case Managers, who are responsible for administering risk assessments at intake, as well as setting up services. Each shared their role in administering the “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” and the referral process for follow-up within 14 days with “high-risk” residents.</p>

	<p>Finally, this auditor reviewed completed risk assessments of the 10 interviewed CAWH residents. Each had their PREA risk screenings completed. Additionally, this auditor recommended CAWH adjust their procedural process to ensure residents follow-ups and reassessment are aligning with PREA risk screenings. CAWH immediately made the adjustments and submitted (in OAS) their most recent 2 completed intake’s “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment,” as well as 8 completed adjusted reassessments. Each was completed properly and in alignment with PREA Standard 115.341.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.341.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.342. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.4.1” as evidence of compliance with PREA Standard 115.342. This auditor reviewed CAWH’s “CAYC PREA Policy 17.4.1,” and concluded that it has the necessary language to align with PREA Standard 115.342.</p> <p>While on-site, this auditor interviewed CAYC’s PREA Coordinator and CAWH’s PREA Compliance Manager, who allowed this PREA auditor to view their “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” for all residents at intake. This PREA auditor reviewed CAWH’s objective screening tool and their process in administering their screening tool. CAWH’s “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” is an electronic tool which identifies point totals for each question asked to provide an overall score. The questions and scoring are categorized for victimization or perpetration risks. Each question aligns with PREA Standard 115.341.</p> <p>This auditor also interviewed CAWH’s Mental Health Clinician. She was able to share her knowledge of PREA and how she follows-up with CAWH residents scoring “high-risk” on the “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” at intake. She also shared that she is responsible for conducting risk reassessments on each resident every 30 days. This Auditor also interviewed CAWH’s 2 Case Managers, who are responsible for administering risk assessments at intake, as well as setting up services. Each shared their role in administering the “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” and the</p>

	<p>referral process for follow-up within 14 days with “high-risk” residents.</p> <p>CAWH’s “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” has a recommendation section in which the administering Case manager identifies the best bedroom option based on the PREA Risk Score. CAWH’s Case Manager also reviews all intake information to determine appropriate programming and services referrals. This auditor reviewed completed risk assessments of the 10 interviewed CAWH residents. Each had their PREA risk screenings completed with bedroom, roommate, and programmatic recommendations.</p> <p>According to randomly selected interviews with 11 CAWH Direct Supervision and Specialized staff, CAWH do not isolate residents based on outcomes of screening. CAWH do not have an isolation space within their facility (house). If all other options to keep the resident safe are exhausted, a resident may be relocated to another CAYC facility location, temporarily, until other options can be developed. This was confirmed when this PREA auditor toured CAWH’s facility and interviews with the random selection of 10 CAWH residents. Each resident confirmed that CAWH does not have isolation rooms or isolate residents.</p> <p>Finally, this auditor toured CAWH and confirmed that resident bathrooms are single person, locks from inside, and has signage which says, “ATTENTION!! One Resident at a Time in Restroom.” This allows for transgender and all other residents to shower, use toilet, and change clothing without being seen by other persons. CAWH bathrooms are single-family home type setup.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.342.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.351. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.5” as evidence of compliance with PREA Standard 115.351. This auditor reviewed CAWH’s “CAYC PREA Policy 17.5,” and concluded that it has the necessary language to align with PREA Standard 115.351.</p> <p>While onsite, this PREA auditor reviewed copies of their “How to Make a PREA Report” postings/signage strategically posted throughout the facility. The postings/</p>

signage shared the multiple ways a CAWH resident can report an incident of sexual abuse or sexual harassment. Postings are in English and Spanish. There was also a list of telephone numbers near the telephones in the facility, where residents can confidentially report sexual abuse to an external entity. This auditor confirmed that residents are informed of the multiple ways to report during their PREA Orientation at intake, during comprehensive PREA Education, and PREA reporting information is inside each resident's handbook.

This auditor also reviewed a Memorandum of Understanding (MOU) with "Ouachita Parish Coroner's Office." This MOU agreed that "Ouachita Parish Coroner's Office" would provide Forensic Medical Exams, as well as receive and report any 3rd Party reports of sexual abuse to CAWH's PREA Compliance Manager. Their number is posted near each telephone, along with "Louisiana's DCFS Hotline," and "Louisiana's Investigative Services Hotline" numbers. Each number is an external hotline which reports information to CAWH's PREA Compliance Manager. Staff can utilize the same confidential telephone numbers to make anonymous reports, as well as make an anonymous report on CAYC's website. While onsite, this auditor verified telephone numbers and website information.

Finally, this auditor also interviewed 11 randomly selected specialized staff, direct supervision staff, and 1 contractor. Each interviewed staff and contractor shared that they accept and promptly responds to verbal, written, anonymous, and third-party reports. This auditor also interviewed 10 randomly selected CAWH residents and asked about access to report a sexual abuse or sexual harassment incident, 10/10 (100%) of the residents could identify 4 or more reporting avenues provided by CAWH.

This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.351.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="274 1570 564 1608">Auditor Discussion</p> <p data-bbox="274 1646 1468 2018">This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit" evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.352. Christian Acres White House (CAWH) submitted their "Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.5.1" as evidence of compliance with PREA Standard 115.352. This auditor reviewed CAWH's "CAYC PREA Policy 17.5.1," and concluded that it has the necessary language to align with PREA Standard 115.352.</p> <p data-bbox="274 2056 1452 2094">While conducting CAWH's onsite tour, this auditor observed a grievance box in the</p>

	<p>central dining room location of CAWH. This auditor also reviewed, in OAS, CAWH's "Resident and Staff Grievance Procedures." This training provides residents and staff with information on how the facility's grievance process works and how to file a grievance. This auditor interviewed CAWH's Mental Health Clinician, who shared that she or her designee are the only personnel who checks and retrieves grievances. Grievance boxes are checked daily. She stated that she reviews and works to resolve the grievance, then turns them in to the Program Director for review and signature. CAWH's Mental Health Clinician also shared, if the grievance is reporting a sexual abuse or sexual harassment incident, she immediately reports it to the PREA Compliance Manager/Program Director to be investigated by the appropriate criminal or administrative investigative parties. According to this auditor's interview with CAWH's Program Director, CAYC's PREA Coordinator is immediately contacted to initiate an administrative PREA investigation.</p> <p>While onsite, this PREA auditor also reviewed copies of their "How to Make a PREA Report" postings/signage strategically posted throughout the facility. The postings/signage shared the multiple ways a CAWH resident can report an incident of sexual abuse or sexual harassment. Postings are in English and Spanish. Grievances were identified as a reporting avenue in the postings/signage around the facility. This auditor confirmed that residents are informed of submitting grievances as being one of the multiple ways to report during their PREA Orientation at intake, during comprehensive PREA Education, and PREA reporting information is inside each resident's handbook.</p> <p>Finally, this auditor interviewed a random selection of 10 residents. Each resident knew about the grievance procedures, its purpose, and 9/10 interviewed knew they could report sexual abuse or sexual harassment through a grievance. Finally, 10/10 interviewed resident stated that they believed that CAWH's grievances box is confidential.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.352.</p>
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<p>115.353</p>	<p>Resident access to outside confidential support services and legal representation</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.353. Christian Acres White House (CAWH) submitted their "Christian Acres</p>

	<p>Youth Center, Inc. (CAYC) PREA Policy 17.5.2 as evidence of compliance with PREA Standard 115.353. This auditor reviewed CAWH’s “CAYC PREA Policy 17.5.2,” and concluded that it has the necessary language to align with PREA Standard 115.353.</p> <p>This PREA Auditor interviewed CAWH’s Mental Health Clinician who confirmed her role to provide emotional support/advocacy for all youth at CAWH. However, residents are also offered external victim advocacy for emotional support. She also shared that “Wellsprings Alliance for Families” and CAWH has a Memorandum of Understanding (MOU) with for Victim Advocacy Services. This auditor also reviewed CAWH’s MOU with “Wellsprings Alliance for Families” who provides victim advocates/advocacy services to CAWH victims of sexual abuse. CAWH also submitted a “PREA Incident Checklist” which asks the victim resident if they would like a victim advocate to accompany them to the hospital, as well as provide services.</p> <p>During this auditor’s interviews with CAWH’s randomly selected 10 residents, this auditor asked, “Have you reported being sexually abused or sexually harassed at CAWH?” Each resident interviewed responded that they had no incidents of being sexually abused or sexually harassed.” Many residents stated that it was a privilege to be placed at CAWH. This auditor also asked each interviewed resident if they knew of outside advocates for victims of sexual abuse. 9/10 know that there was outside victim advocacy available. This auditor also confirmed that residents are informed of victim advocacy available during their PREA Orientation at intake, during comprehensive PREA Education, and PREA reporting information is inside each resident’s handbook. Finally, this auditor reviewed CAWH’s website link, where they publish their criminal and administrative investigations data PREA (christianayc.com). None were reported.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.353.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.354. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.5.3” as evidence of compliance with PREA Standard 115.354. This auditor reviewed CAWH’s “CAYC PREA Policy 17.5.3,” and concluded that it has the necessary language to align with PREA Standard 115.354.</p>

	<p>CAWH also submitted their website as evidence of their “transparency” to the public, community, and families on methods to report on behalf of CAWH residents. CAYC’s website link, PREA (christianayc.com). The website navigates families and the community on various access points to report and complete a 3rd Party. Additionally, this auditor also reviewed a Memorandum of Understanding (MOU) with “Ouachita Parish Coroner’s Office.” This MOU agrees that “Ouachita Parish Coroner’s Office” would provide Forensic Medical Exams, as well as receive and report any 3rd Party reports of sexual abuse to CAWH’s PREA Compliance Manager. Their number is posted near each telephone inside CAWH.</p> <p>This auditor also interviewed a random selection of 10 residents. This auditor asked them about the various ways to report sexual abuse /sexual harassment at CAWH. Only 10/10 (100%) reported that they knew that a parent, guardian, an advocate, an attorney, or another person/entity could report a sexual abuse or sexual harassment incident on their behalf.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.354.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.361. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.6” as evidence of compliance with PREA Standard 115.361. This auditor reviewed CAWH’s “CAYC PREA Policy 17.6,” and concluded that it has the necessary language to align with PREA Standard 115.361.</p> <p>While on-site, this auditor interviewed CAWH’s PREA Compliance Manager and PREA Coordinator. Both shared that all staff are trained to immediately respond to reports, suspicion, and observations of sexual abuse or sexual harassment. Additionally, both stated that all staff understand that they are all Mandated reporters and PREA incidents are reported to DCFS (1-855-452-5437), guardians, legal, and law enforcement (if sexual abuse).</p> <p>Finally, according to randomly selected interviews with 11 CAWH direct supervision, case managers, mental health, program director, and 1 contracted staff, all staff, volunteers, and contractors receive training on their reporting responsibilities. Finally, CAWH submitted their PREA Training curriculum, which contained mandatory reporting entities CAWH staff are required to notify, in an event a resident sexual</p>

	<p>abuse incident occurs.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.361.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.362. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.6.1” as evidence of compliance with PREA Standard 115.362. This auditor reviewed CAWH’s “CAYC PREA Policy 17.6.1,” and concluded that it has the necessary language to align with PREA Standard 115.362.</p> <p>This auditor interviewed 10 randomly selected CAWH residents. This auditor asked each resident, “What ways does staff keep residents safe from sexual and sexual harassment?” There was a consensus from the 10 residents that staff will make room and program changes when needed to keep all resident safe. Additionally, 10 of the 10 randomly selected interviewed residents stated that they “feel safe and it’s a privilege to be at CAWH.” Finally, this auditor interviewed 4 randomly selected Staff Mentors (direct supervision staff) and asked, “How would you keep a vulnerable youth safe who’s placed at CAWH?” Each interviewed staff responded that they would either privately speak with the youth, confer with their supervisor or Program Director, keep an additional eye on the resident, request the youth be move to a closer room, or allow the youth to sleep on the couch in the Great Room for direct sight supervision until other alternatives becomes available (or a combination of the 4 responses).</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.362.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit”

	<p>evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.363. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.6.2” as evidence of compliance with PREA Standard 115.363. This auditor reviewed CAWH’s “CAYC PREA Policy 17.6.2,” and concluded that it has the necessary language to align with PREA Standard 115.363.</p> <p>While onsite, this auditor interviewed CAWH’s Program Director, who shared that she is aware of her responsibility to report, within 72 hours, any allegations made by a CAWH resident of sexual abuse at a previous facility. CAWH’s Program Director further shared that CAWH has not received any resident reports of sexual abuse from another facility. However, CAWH did submit, in OAS, evidence of reporting sexual related information on a CAWH resident’s cellphone, which involved a staff from the resident’s previous facility. This was documented on the “Department of Public Safety and Corrections-Unusual Occurrence Report Form.” The form was properly documented with the signatures of CAWH’s PREA Compliance Manager and CAWH’s Program Director. This document notified the previous facility of the occurrence and LA-OJJ.</p> <p>Though this document was not a resident reporting sexual abuse from his previous facility, when CAWH’s staff learned of this sexual abuse, they enacted the right protocols to notify the previous facility/agency and report it. This aligns with PREA Standard 115.363. Finally, this auditor recommended that CAWH develop their own fillable form, on CAWH letterhead, whose title is aligned with PREA Standard 115.363, and this form can be completed and emailed by CAWH’s Program Director. On 7/12/23, CAWH uploaded their newly titled form of CAWH’s letterhead into OAS’ supplemental files.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.363.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.364. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.6.4” as evidence of compliance with PREA</p>

	<p>Standard 115.364. This auditor reviewed CAWH's "CAYC PREA Policy 17.6.4," and concluded that it has the necessary language to align with PREA Standard 115.364.</p> <p>This auditor also interviewed 12 randomly selected staff (11 specialized and direct supervision staff and 1 contractor), to assess their knowledge of PREA, PREA's purpose, and their first responder duties. This auditor asked, "If a resident runs out of their room and immediately states that another resident entered their room and sexually abused them (and penetration occurred). You look at the location and you see another resident exiting the shower room and fixing their clothing. What is your response?" Ten of the 12 interviewed staff/contractor were well versed in their first responder knowledge of PREA. Two of the 10 needed slight prompts, however, knew what to do. This auditor concluded that the 2 interviewees may have been nervous during this interview.</p> <p>Additionally, while onsite, this auditor reviewed the PREA training files of the 12 randomly interviewed selected Specialized Staff, direct supervision, and 1 interviewed contracted staff at CAWH. All 12 files selected had up-to-date training (comprehensive and/or refresher training within 2 years). This PREA auditor was also able to review the curriculum used for training, which contained the training components required in PREA Standards 115.331. Finally, the 10 randomly selected interviewed CAWH residents stated that staff immediately responds to reports of sexual abuse.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.364.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit" evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.365. Christian Acres White House (CAWH) submitted their "Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.6.5" as evidence of compliance with PREA Standard 115.365. This auditor reviewed CAWH's "CAYC PREA Policy 17.6.5," and concluded that it has the necessary language to align with PREA Standard 115.365.</p> <p>This auditor also reviewed CAWH's "PREA Coordinated Response Plan." Which is a roadmap of roles and responsibilities when a incident of sexual abuse is reported or observed. This auditor interviewed 12 randomly selected direct supervision, case management, mental health, and 1 contracted staff. During each of these interviews, this auditor asked, "If a report or incident of sexual abuse occurs while</p>

	<p>you are on duty at CAWH, what is your responsibilities?” Each interviewed staff, clearly knew their roles to ensure victim safety and separation, preservation of evidence, medical attention, SAFE, mental health support, communications with appropriate guardians and community entities, law enforcement, documentation, etc. Finally, this auditor interviewed the PREA Compliance Manager and PREA Coordinator, who shared that CAWH sends victim out the St. Francis hospital, has an MOU with Well Springs for victim advocacy, and an MOU with the coroner’s office for SANE/SAFE.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.365.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor was unable to review any “Labor Agreements” between CAWH and any other American Federations/Unions of State, County, and Municipal Employees. This auditor also interviewed Christian Acres Youth Centers’s Agency Director, who shared that CAWH do not have any “Collective Bargaining Agreements for employees.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.366.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.367. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.6.6” as evidence of compliance with PREA Standard 115.367. This auditor reviewed CAWH’s “CAYC PREA Policy 17.6.6,” and concluded that it has the necessary language to align with PREA Standard 115.367.</p> <p>While on-site, this auditor interviewed CAWH’s PREA Compliance Manager and PREA</p>

	<p>Coordinator who shared that retaliation monitoring occurs with all PREA Administrative investigations, The PREA Compliance Manager and PREA Coordinator are responsible for retaliation monitoring. This PREA auditor was unable to review any PREA Investigations, due to CAWH sharing that no incidents of sexual abuse or sexual harassment has been reported, observed, learned since CAWH’s opening in 2019. However, CAWH’s PREA Coordinator submitted an example “Resident/Staff Retaliation Form” used at CAWH. This form is an acceptable form to use for resident/ staff retaliation monitoring.</p> <p>Furthermore, this auditor interviewed 12 randomly selected direct supervision, specialized staff, and 1 contractor. Each individually shared during their interviews, that there has not been a report of sexual abuse of sexual harassment by a resident to them at CAWH. Additionally, this auditor interviewed a random selection of 10 residents. This auditor individually asked each resident, “Have you reported sexual abuse or sexual harassment which occurred here at CAWH?” Each resident responded that they have not reported any occurrence of sexual abuse or sexual harassment at CAWH.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.367.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.368. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.6.7” as evidence of compliance with PREA Standard 115.368. This auditor reviewed CAWH’s “CAYC PREA Policy 17.6.7,” which states, Christian Acres Youth Center’s White house does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse.” This auditor concludes that it has the necessary language to align with PREA Standard 115.368.</p> <p>While on-site, this auditor conducted an exhaustive tour of the CAWH facility. The facility is based in a house and has bedrooms, converted offices, kitchen, living room, and bathrooms. There are no segregated rooms throughout the facility.</p> <p>This auditor also interviewed 12 randomly selected direct supervision staff, specialized staff and 1 contractor and asked, “Is room confinement is used to protect resident victims of sexual abuse?” Each interviewed staff responded no. The residents may be separated through placing one at a different CAYC campus. Finally,</p>

	<p>this auditor interviewed 10 randomly selected residents and asked if residents who report sexual abuse are isolated at CAWH to protect them from their perpetrator. Each resident had similar responses, stating that residents are not isolated at CAWH. They may be sent to another CAYC facility to separate.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.368.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit" evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.371. Christian Acres White House (CAWH) submitted their "Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.7" as evidence of compliance with PREA Standard 115.371. This auditor reviewed CAWH's "CAYC PREA Policy 17.7," and concluded that it has the necessary language to align with PREA Standard 115.371.</p> <p>While on-site, this auditor reviewed CAWH's MOU with the "Ouachita Parish Sheriff's Office" who conducts criminal sexual abuse allegations. This auditor interviewed CAYC's PREA Coordinator, who serves as the administrative PREA Investigator for CAWH. This auditor verified submitted training that the PREA Coordinator received specialized PREA investigator's training. During the interview, CAYC's PREA Coordinator shared that when an incident all incidents of sexual abuse are investigated by the Sheriff's Office, DCFS, and by LA-OJJ's PREA Investigator. LA-OJJ contracts with CAWH to provide residential services for LA-OJJ custodial residents.</p> <p>While on site, this auditor interviewed 10 randomly selected CAWH residents and asked, "Have you reported being sexually abused or sexually harassed at CAWH?" Each interviewed resident responded that they have not reported incidents of being sexually abused of sexually harassed at CAWH. Residents also shared that they did not hear of anyone reporting sexual abuse or sexual harassment. Many residents stated that it was a privilege to be placed at CAWH. Furthermore, this auditor interviewed 12 randomly selected direct supervision, specialized staff, and 1 contractor. Each individually shared during their interviews, that there has not been a report of sexual abuse of sexual harassment by a resident to them at CAWH.</p> <p>This PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, because CAWH has had no PREA allegations since CAWH's grand opening in 11/2019. This auditor did receive CAWH's "In-House Investigation Form," which CAWH's PREA Administrative Investigators</p>

	<p>uses as a guide when administratively investigating sexual abuse and sexual harassment. This auditor reviewed CAYC’s website link, where they publish their criminal and administrative investigations data PREA (christianayc.com) for both CAYC facilities. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.371.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.372. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.7.1” as evidence of compliance with PREA Standard 115.372. Excerpts from CAWH’s “CAYC PREA Policy 17.7.1” states, “The CAWH imposes no standard higher than preponderance of evidence in determining whether an allegation of sexual abuse or sexual harassment are substantiated.” This auditor reviewed CAWH’s “CAYC PREA Policy 17.7.1,” and concluded that it has the necessary language to align with PREA Standard 115.372.</p> <p>While on-site, this auditor interviewed CAWH’s PREA Coordinator/PREA Investigator, who confirmed that ALL PREA Administrative Investigation conclusions/ determinations are solely based on “Preponderance of Evidence” as the standard in determining investigations (Substantiated, Unsubstantiated, or Unfounded). This PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, because CAWH has had no PREA allegations since CAWH’s grand opening in 11/2019. This auditor did receive CAWH’s “In-House Investigation Form,” which CAWH’s PREA Administrative Investigator uses as a guide when administratively investigating sexual abuse and sexual harassment. This auditor reviewed CAYC’s website link, where they publish their criminal and administrative investigations data PREA (christianayc.com) for both CAYC facilities. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.372.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit" evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.373. Christian Acres White House (CAWH) submitted their "Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.7.2" as evidence of compliance with PREA Standard 115.373. This auditor reviewed CAWH's "CAYC PREA Policy 17.7.2," and concluded that it has the necessary language to align with PREA Standard 115.373.</p> <p>While on-site, this auditor interviewed CAWH's PREA Coordinator/PREA Investigator, who confirmed that ALL PREA Administrative Investigation conclusions/ determinations are reported to the resident (substantiated, unsubstantiated, or unfounded). This PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, because CAWH has had no PREA allegations since CAWH's grand opening in 11/2019. This auditor did receive CAWH's "Results of Investigation/Extension Form," which CAWH's PREA Administrative Investigator uses as a guide when notifying residents of the outcome of investigations of sexual abuse and sexual harassment. The form aligned with PREA Standard 115.373 (notifying of determination and informs outcomes of the abuser). This auditor also reviewed CAYC's website link, where they publish their criminal and administrative investigations data PREA (christianayc.com) for both CAYC facilities. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.373.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit" evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.376. Christian Acres White House (CAWH) submitted their "Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.8" as evidence of compliance with PREA</p>

	<p>Standard 115.376. This auditor reviewed CAWH’s “CAYC PREA Policy 17.8,” and concluded that it has the necessary language to align with PREA Standard 115.376.</p> <p>While onsite, this PREA Auditor interviewed Christian Acres White House’s (CAWH) Program Director and CAYC’s Agency Director to gain insight into disciplinary sanctions for staff for PREA violations. CAWH’s Program Director and CAYC’s Agency Director informed this auditor that disciplinary actions for staff PREA violations range from reassignment, suspension, termination, and up to legal action taken. CAWH’s Program Director and CAYC’s Agency Director also shared that CAWH informs licensing bodies, if the personnel’s position reports/has credentialing from a licensing body for ethical and accountability.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.376.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.377. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.8.1” as evidence of compliance with PREA Standard 115.377. This auditor reviewed CAWH’s “CAYC PREA Policy 17.8.1,” and concluded that it has the necessary language to align with PREA Standard 115.377.</p> <p>While onsite, this PREA Auditor interviewed Christian Acres White House’s (CAWH) Program Director and CAYC’s Agency Director to gain insight into disciplinary sanctions for volunteers and contractors for PREA violations. CAWH’s Program Director and CAYC’s Agency Director informed this auditor that disciplinary actions for volunteers and contractors range from removal from services, up to criminal charges being filed. CAWH’s Program Director and CAYC’s Agency Director also shared that CAWH informs licensing agencies and licensing bodies, if the personnel’s position reports/has credentialing from a licensing body for ethical and accountability.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.377.</p>

115.378	Interventions and disciplinary sanctions for residents
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit" evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.378. Christian Acres White House (CAWH) submitted their "Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.8.2" as evidence of compliance with PREA Standard 115.378. This auditor reviewed CAWH's "CAYC PREA Policy 17.8.2," and concluded that it has the necessary language to align with PREA Standard 115.378.</p> <p>While onsite, this PREA Auditor interviewed Christian Acres White House's (CAWH) Program Director and CAYC's Agency Director to gain insight into disciplinary sanctions for resident PREA violations. CAWH's Program Director informed this auditor that CAWH utilize a range of interventions identified within their behavior management programming. Discipline and interventions can range from loss of privileges, mental health counseling, program adjustments, disciplinary review board sanctions, up to criminal prosecution. CAWH's PREA Compliance Manager also confirmed that all the required reporting entities, guardians, court-personnel are informed of the outcome of the investigation related to the alleged resident(s).</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.378.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit" evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.381. Christian Acres White House (CAWH) submitted their "Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.9" as evidence of compliance with PREA Standard 115.381. This auditor reviewed CAWH's "CAYC PREA Policy 17.9," and concluded that it has the necessary language to align with PREA Standard 115.381.</p> <p>While onsite, this PREA Auditor interviewed Christian Acres White House's (CAWH) Mental Health Clinician. While on-site, this auditor interviewed CAYC's PREA Coordinator and CAWH's PREA Compliance Manager, who allowed this PREA auditor to view their "PREA Sexual Victimization and Perpetrator Screening Tool and</p>

	<p>Assessment” for all residents at intake. This PREA auditor reviewed CAWH’s objective screening tool and their process in administering their screening tool. CAWH’s “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” is an electronic tool which identifies point totals for each question asked to provide an overall risk score. The questions and scoring are categorized for victimization or perpetration risks. Each question aligns with PREA Standard 115.341.</p> <p>This auditor also interviewed CAWH’s Mental Health Clinician. She was able to share her knowledge of PREA and how she follows-up with CAWH residents scoring “high-risk” on the “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” at intake. She also shared that she is responsible for conducting risk reassessments on each resident every 30 days. This Auditor also interviewed CAWH’s 2 Case Managers, who are responsible for administering risk assessments at intake, as well as setting up services. Each shared their role in administering the “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” and the referral process for follow-up within 14 days with “high-risk” residents.</p> <p>CAWH submitted in OAS “Face Sheets” and “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment” two CAWH admitted residents who had history of sexual victimization and sexual perpetration (1 each). This also reviewed their follow-up documentation, which was within the 14-day windows. Finally, this auditor recommended CAWH adjust their procedural process to ensure residents follow-ups and reassessment are aligning with PREA risk screenings. CAWH immediately made the adjustments and submitted (in OAS) their most recent 2 completed intake’s “PREA Sexual Victimization and Perpetrator Screening Tool and Assessment,” as well as 8 completed adjusted reassessments. Each was completed properly and in alignment with PREA Standards 115.341, 115.342, and 115.381.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.381.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.382. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.9.1” as evidence of compliance with PREA Standard 115.382. This auditor reviewed CAWH’s “CAYC PREA Policy 17.9.1,” and</p>

concluded that it has the necessary language to align with PREA Standard 115.382.

While onsite, this PREA Auditor interviewed Christian Acres White House’s (CAWH) Program Director and Mental Health Clinician, to gain insight on “unimpeded medical and mental health access” to victims of sexual abuse. CAWH’s Program Director, PREA Compliance Manager (PCM), and Mental Health clinician all shared that the team enact their coordinated response crisis intervention procedures which includes Medical Attention, SANE/SAFE examinations, emotional support, information about STDs and STD testing. CAWH’s Program Director, PCM, and Mental Health Clinician shared that “Ouachita Parish Sheriff’s Office” conducts criminal sexual abuse allegations. Victims of sexual abuse are transported to St. Francis Hospital immediately. “Ouachita Parish Coroner’s Office (OPCO) conduct Sexual Assault Nurse’s Examinations (SANE) and Sexual Assault and Forensic Examinations (SAFE), if needed. CAWH contacts “Wellsprings Alliance for Families” who provides victim advocates/advocacy services to CAWH victims of sexual abuse. CAWH also submitted a “PREA Incident Checklist” which asks the victim resident if they would like a victim advocate to accompany them to the hospital, as well as services. CAWH’s Program Director also shared that the resident victims incur no cost for the medical or mental health services and follow-ups. This auditor reviewed CAWH’s “Coordinated Response Procedures,” which detailed each staff’s role in response to a sexual abuse allegation.

This auditor interviewed 12 randomly selected direct supervision, case managers, mental health, and 1 contractor. During each of these interviews, this auditor asked, “If a report or incident of sexual abuse occurs while you are present or on duty at CAWH, what is your coordinated responsibilities?” Each interviewed staff and contractor, clearly knew their roles to ensure victim safety and separation, preservation of evidence, medical attention, SAFE, mental health support, communications with appropriate guardians and community entities, law enforcement, documentation, etc.

This PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, because CAWH has had no PREA allegations since CAWH’s grand opening in 11/2019. This auditor also reviewed CAYC’s website link, where they publish their criminal and administrative investigations data PREA (christianayc.com) for both CAYC facilities. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.

This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.382.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.383. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.9.2” as evidence of compliance with PREA Standard 115.383. This auditor reviewed CAWH’s “CAYC PREA Policy 17.9.2,” and concluded that it has the necessary language to align with PREA Standard 115.383.

While onsite, this PREA Auditor interviewed Christian Acres White House’s (CAWH) Program Director and Mental Health Clinician, to gain insight on “unimpeded medical and mental health access” to victims of sexual abuse. CAWH’s Program Director, PREA Compliance Manager (PCM), and Mental Health clinician all shared that the team enact their coordinated response crisis intervention procedures which includes Medical Attention, SANE/SAFE examinations, emotional support, information about STDs and STD testing. CAWH’s Program Director, PCM, and Mental Health Clinician shared that “Ouachita Parish Sheriff’s Office” conducts criminal sexual abuse allegations. Victims of sexual abuse are transported to St. Francis Hospital immediately. “Ouachita Parish Coroner’s Office (OPCO) conduct Sexual Assault Nurse’s Examinations (SANE) and Sexual Assault and Forensic Examinations (SAFE), if needed. CAWH contacts “Wellsprings Alliance for Families” who provides victim advocates/advocacy services to CAWH victims of sexual abuse. CAWH also submitted a “PREA Incident Checklist” which asks the victim resident if they would like a victim advocate to accompany them to the hospital, as well as services. CAWH’s Program Director also shared that the resident victims incur no cost for the medical or mental health services and follow-ups. This auditor reviewed CAWH’s “Coordinated Response Procedures,” which detailed each staff’s role in response to a sexual abuse allegation.

This auditor interviewed 12 randomly selected direct supervision, case managers, mental health, and 1 contractor. During each of these interviews, this auditor asked, “If a report or incident of sexual abuse occurs while you are present or on duty at CAWH, what is your coordinated responsibilities?” Each interviewed staff and contractor, clearly knew their roles to ensure victim safety and separation, preservation of evidence, medical attention, SAFE, mental health support, communications with appropriate guardians and community entities, law enforcement, documentation, etc. CAWH’s Program Director, PCM, and Mental Health Clinician also shared that they would offer the abuser mental health evaluations within 60 days of the reported incident.

This PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, because CAWH has had no PREA allegations since CAWH’s grand opening in 11/2019. This auditor also reviewed CAYC’s website link, where they publish their criminal and administrative investigations data PREA (christianayc.com) for both CAYC facilities. This auditor did

	<p>not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.383.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.386. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.10” as evidence of compliance with PREA Standard 115.386. This auditor reviewed CAWH’s “CAYC PREA Policy 17.10,” and concluded that it has the necessary language to align with PREA Standard 115.386.</p> <p>While onsite, this PREA Auditor interviewed Christian Acres Youth Center’s (CAYC) PREA Coordinator and Christian Acres White House’s (CAWH) PREA Compliance Manager. Each shared that they actively attend “Monthly Management/Incident Review Meeting” to discuss CAWH facility concerns, resident concerns, rounds conducted, preventive strategies, and establish mitigating actions. CAWH’s Program Manager and PREA Compliance Manager are active participants in these monthly meetings and signs off on any corrective actions which are derived from these “Monthly Management/Incident Review Meetings.”</p> <p>This PREA auditor was unable to review a random selection of completed PREA criminal or administrative investigation files, because CAWH has had no PREA allegations since CAWH’s grand opening in 11/2019. This auditor also reviewed CAYC’s website link, where they publish their criminal and administrative investigations data PREA (christianayc.com) for both CAYC facilities. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH. CAWH did submit in OAS their “Christian Acres Youth Center Incident Review” form used when discussing PREA sexual abuse incidents. The form had all the discussion questions, categories, and signature page to align with PREA Standard 115.386.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.386.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.387. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.10.1” as evidence of compliance with PREA Standard 115.387. This auditor reviewed CAWH’s “CAYC PREA Policy 17.10.1,” and concluded that it has the necessary language to align with PREA Standard 115.387.</p> <p>This auditor also viewed Christian Acres White House annual report produced and uploaded onto Christian Acres Youth Center’s (CAYC’s) website. This public annual report included data of incidents of sexual abuse within CAYC’s two facilities (CAYC and CAWH). Christian Acres White House (CAWH) grand opening was on 11/2019. CAYC’s PREA Coordinator submitted CAWH’s 2022 annual report for this auditor to consider as evidence. CAWH submitted their website link to their 2022 “Annual PREA Report” and “Monthly Data Reporting. The website link is as follows: PREA (christianayc.com). This auditor reviewed CAYC’s website link, where they publish their criminal and administrative investigations data for both CAYC facilities (CAYC and CAWH). CAWH has had no PREA allegations since CAWH’s grand opening in 11/2019. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.</p> <p>This PREA auditor concludes Christian Acres White House (CAWH) is in compliance with PREA Standard 115.387.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.388. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.10.2” as evidence of compliance with PREA Standard 115.388. This auditor reviewed CAWH’s “CAYC PREA Policy 17.10.2,” and</p>

	<p>concluded that it has the necessary language to align with PREA Standard 115.388.</p> <p>This auditor also viewed Christian Acres White House annual report produced and uploaded onto Christian Acres Youth Center’s (CAYC’s) website. This public annual report included data of incidents of sexual abuse within CAYC’s two facilities (CAYC and CAWH). Christian Acres White House (CAWH) grand opening was on 11/2019. CAYC’s PREA Coordinator submitted CAWH’s 2022 annual report for this auditor to consider as evidence. CAWH submitted their website link to their 2022 “Annual PREA Report” and “Monthly Data Reporting. The website link is as follows: PREA (christianayc.com). This auditor reviewed CAYC’s website link, where they publish their criminal and administrative investigations data for both CAYC facilities (CAYC and CAWH). CAWH has had no PREA allegations since CAWH’s grand opening in 11/2019. This auditor did not see criminal or administrative sexual abuse or sexual harassment investigations data reported for CAWH.</p> <p>This PREA auditor concludes Christian Acres White House (CAWH) is in compliance with PREA Standard 115.388.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed Christian Acres White House (CAWH) pre-audit” evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.389. Christian Acres White House (CAWH) submitted their “Christian Acres Youth Center, Inc. (CAYC) PREA Policy 17.10.3” as evidence of compliance with PREA Standard 115.389. This auditor reviewed CAWH’s “CAYC PREA Policy 17.10.3,” and concluded that it has the necessary language to align with PREA Standard 115.389.</p> <p>This auditor also viewed Christian Acres White House annual report produced and uploaded onto Christian Acres Youth Center’s (CAYC’s) website. This public annual report included data of incidents of sexual abuse within CAYC’s two facilities (CAYC and CAWH). Christian Acres White House (CAWH) grand opening was on 11/2019. CAYC’s PREA Coordinator submitted CAWH’s 2022 annual report for this auditor to consider as evidence. CAWH submitted their website link to their 2022 “Annual PREA Report” and “Monthly Data Reporting. The website link is as follows: PREA (christianayc.com).</p> <p>This auditor reviewed CAYC’s website link, where they publish their criminal and administrative investigations data for both CAYC facilities (CAYC and CAWH). CAWH has had no PREA allegations since CAWH’s grand opening in 11/2019. This auditor did not see criminal or administrative sexual abuse or sexual harassment</p>

	<p>investigations data reported for CAWH. Finally, CAWH also shared that the data is retained and stored for a minimum of 10 years.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.389.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Christian Acres White House (CAWH) understands that they are required to have a PREA audit every three years, after the conclusion of this PREA Audit. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with CAWH residents, staff, and contractors. The CAWH residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes that Christian Acres White House (CAWH) is in compliance with PREA Standard 115.401.</p>

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>There have not been a Final Audit Report issued in the past three years for Christian Acres White House (CAWH).</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

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

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	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))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	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).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	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?)	yes
	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?)	yes
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.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	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?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

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