

# PREA Facility Audit Report: Final

**Name of Facility:** Christian Acres Youth Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/07/2024

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"/>
<b>Auditor Full Name as Signed:</b> Johnitha Rothell McNair	<b>Date of Signature:</b> 12/07/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	McNair, Johnitha
<b>Email:</b>	johnitha@comcast.net
<b>Start Date of On-Site Audit:</b>	10/15/2024
<b>End Date of On-Site Audit:</b>	10/18/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Christian Acres Youth Center
<b>Facility physical address:</b>	200 Bailey Street, Tallulah, Louisiana - 71282
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Lisa M. Roberts
<b>Email Address:</b>	lisaroberts@christianayc.com
<b>Telephone Number:</b>	3187291196

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

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

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Kathy Evans
<b>Email Address:</b>	Kathy.Evans@christianayc.com
<b>Telephone Number:</b>	3185743146

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	82
<b>Current population of facility:</b>	69
<b>Average daily population for the past 12 months:</b>	68
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys

<p><b>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b></p>	
<p><b>Age range of population:</b></p>	12-18
<p><b>Facility security levels/resident custody levels:</b></p>	Non-Secure
<p><b>Number of staff currently employed at the facility who may have contact with residents:</b></p>	104
<p><b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b></p>	15
<p><b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b></p>	0

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

<b>Agency Chief Executive Officer Information:</b>	
<p><b>Name:</b></p>	
<p><b>Email Address:</b></p>	

<b>Telephone Number:</b>	
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<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Lisa Roberts	<b>Email Address:</b>	Lisaroberts@christianayc.com
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<b>Facility AUDIT FINDINGS</b>
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<b>Summary of Audit Findings</b>
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

<b>Number of standards exceeded:</b>	
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2	<ul style="list-style-type: none"> <li>• 115.313 - Supervision and monitoring</li> <li>• 115.317 - Hiring and promotion decisions</li> </ul>
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<b>Number of standards met:</b>	
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41	
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<b>Number of standards not met:</b>	
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0	
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-10-15
2. End date of the onsite portion of the audit:	2024-10-18

#### 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:	The auditor was able to make contact with representatives from Wellspring and the Office of Juvenile Justice who confirmed that they have insight into the conditions at the facility and they provide services to the agency to advocate for victims. The agreement maintained by the agency with Wellspring was also reviewed.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	82
15. Average daily population for the past 12 months:	68
16. Number of inmate/resident/detainee housing units:	7
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**

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	68
<b>19. 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:</b>	0
<b>20. 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:</b>	0
<b>21. 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:</b>	0
<b>22. 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:</b>	0
<b>23. 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:</b>	0
<b>24. 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:</b>	0

<p><b>25. 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:</b></p>	<p>0</p>
<p><b>26. 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:</b></p>	<p>0</p>
<p><b>27. 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:</b></p>	<p>0</p>
<p><b>28. 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:</b></p>	<p>0</p>
<p><b>29. 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):</b></p>	<p>Staff did not identify during the intake process or any time after residents of the current population who identify as LGBTI, or any other member of an identified specialized population.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. 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:</b></p>	<p>101</p>
<p><b>31. 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:</b></p>	<p>0</p>

<b>32. 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:</b>	15
<b>33. 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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	24
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None



<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>I spoke with the staff at the entrance conference and reviewed the total resident population including demographics. I requested information on any allegations of abuse made by residents to be sure I would include those residents in the interview process. Upon reviewing the resident population, I made sure to include the youngest and oldest residents in the facility as well as the most recent residents and the residents with the longest lengths of stay. I considered the charges of residents as well, specifically residents with violent charges. I made sure to include a diverse sample by race, age and ethnicity as provided.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>38. 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):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>0</p>
<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>	

<p><b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>
<p><b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>
<p><b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>
<p><b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>
<p><b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>
<p><b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>
<p><b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>

<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>
<p><b>49. 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:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility reported no residents in the targeted population categories, additionally, my review of the population roster and conversations with administrative staff revealed no residents in the targeted population categories. Additionally, during the facility tour, initial observations during the tour and subsequent observations during the audit made by me did not reveal any residents that might be included in this category.</p>
<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>14</p>
<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></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><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>19</p>
<p><b>56. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>58. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>59. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**60. 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
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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 type="checkbox"/> Other
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>65. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></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><b>70. 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?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>I reviewed all PREA investigations conducted during the audit period, I reviewed staff and contractor training records, background check records, supervisory and unannounced PREA rounds. I also reviewed the intake process by observing the intake of a newly admitted resident and reviewed the intake assessments and medical files of a random sampling of residents.</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.

**72. 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
<b>Inmate-on-inmate sexual abuse</b>	3	0	3	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	4	0	4	0

**73. 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	3	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	1	0
<b>Total</b>	0	3	1	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	4
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<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>86. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no investigations completed to review.</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></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><b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>There were no investigations completed to review.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

### Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

## AUDITING ARRANGEMENTS AND COMPENSATION

97. 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></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>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The agency Policy 17.0 (Preventing and Responding to Sexual Offenses Involving Juveniles Zero Tolerance Policy and Definitions) mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines how the agency will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The agency employs an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA Coordinator position is in the upper level of the agency hierarchy, as demonstrated on the organizational chart, and confirmed through interviews of agency leadership.</p> <p>Evidence relied upon to demonstrate audit finding:</p>

	<ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.0</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Christian Acres Youth Center Organizational Chart</li> <li>• Interviews with PREA Coordinator, Agency Director and Assistant Director</li> </ul>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CAYC does not contract with other entities for the confinement of residents.</p> <p>Evidence relied upon to demonstrate audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The agency has developed, implemented, documents on a frequent basis, a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The facility presented the current and previous Annual Staffing Plans which detail the process by which current staffing, possible changes to staffing, and future staffing determinations are analyzed and made with consideration given to physical plant and the resident population. During the site review a comparison of the written staffing plan and observations were made to determine whether the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and whether the facility is staffed according to the plan, as it is written. These observations and written documentation were also used to determine whether deviations from the plan had occurred and documented as required by the standard. Further observations included tracking the number of staff, contractors, and volunteers present (including security and non-security staff). A review of documentation provided information to confirm staffing patterns during every shift, including in the housing units, in the programming areas and other areas including areas where sexual abuse was alleged to have occurred. Further observations included staffing ratios in the housing units, which are 1:6 (one staff to six</p>

residents) at all times, exceeding the standard. Observations during the tour and throughout the onsite portion of the audit related to staffing and supervision included staff line of sight and assessment of blind spots as well as observations of areas where persons confined in the facility are not allowed to determine whether movement in and out of those areas is monitored to ensure that confined persons never enter those areas. Attention was given to the level of supervision and frequency of checks to the sleeping dormitories was observed during review of video at which time camera placement was confirmed. Additionally, the auditor was able to have informal conversations with staff regarding supervision practices (e.g., staffing norms, understaffing, shortages, overcrowding, frequency of unannounced rounds) and staffing ratios (e.g., whether observed staffing ratios are typical). During the tour and the interview process informal conversations with persons confined in the facility regarding the impact of supervision practices and staffing presence (e.g., safety, accessibility or limits to programming, education, work, overcrowding in housing units) confirmed a consistency in practice of the 1:6 ratio. The annual staffing plan provides that due weight and consideration is given to the following factors: (1) generally accepted juvenile detention and correctional/secure residential practices; (2) any judicial findings of inadequacy; (3) any findings of inadequacy from Federal investigative agencies; (4) any findings of inadequacy from internal or external oversight bodies; (5) all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated; (6) the composition of the resident population; (7) the number and placement of supervisory staff; (8) institution programs occurring on a particular shift; (9) any applicable State or local laws, regulations, or standards; (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) any other relevant factors. The facility operates three (3) eight-hour shifts to provide direct supervision 24 hours a day, seven days a week. Direct care staff are assigned to the shifts to ensure adequate facility coverage. During the past twelve months, there have been no deviations from the staffing plan. The video monitoring system supports efforts to protect residents from sexual abuse and sexual harassment. The auditor was able to observe staff postings during waking and sleeping hours, as well as the use of the video monitoring system to supplement supervision and monitoring; including playback of data and captured video. Policy 17.1 Prevention Planning, Supervision, and Monitoring requires intermediate and higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. In addition to documentation on the monitoring form and logs, the rounds are electronically documented by saving the video recordings in a video file securely maintained by the Assistant Director. A physical review of documentation, video of unannounced rounds and staff interviews confirmed the practice of unannounced rounds. Further, a review of documentation, physical observations by the auditor, and interviews of staff confirm that CAYC maintains a staffing ratio of 1:6 at all times.

Evidence relied upon to demonstrate audit finding:

- Christian Acres Youth Center, Inc. Policy 17.1
- Christian Acres Youth Center Staffing Assessments

	<ul style="list-style-type: none"> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Review of Christian Acres Youth Center Intermediate or above Level Administrative Random Monitoring Forms</li> <li>• Review of Video Files of Unannounced Rounds</li> <li>• Observations made during the on-site tour</li> <li>• Interviews with staff</li> </ul>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy outlines that cross-gender searches are prohibited; this includes both pat searches and strip searches. Staffs who perform pat downs and strip searches are trained in how to conduct searches of transgender and intersex residents in a professional and respectful manner and in the least intrusive manner possible while ensuring the safety and security of CAYC. Additionally, this policy prohibits physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Further, cavity searches are prohibited by policy. During the past 12 months, there were no cross-gender strip or visual body cavity searches and no cross-gender pat-down searches of residents. Interviews with residents and staff confirm compliance with agency policy and procedures regarding searches. The requirement for female staff to announce themselves prior to entering the cottages is also required by Agency policy. To further support compliance a sign is posted outside the door of each cottage, reminding staff of the requirement to make the cross-gender announcement prior to entering. Observations during the facility tour and interviews with residents and staff confirmed the practice of the cross-gender announcement. Policy 14.18 (Supervision of Resident Showers, performing of bodily functions and clothing changes) is in keeping with compliance of this standard. The policy provides privacy for youth while changing clothes, showering and performing bodily functions, youth are provided privacy in the bathroom area while being monitored by a male staff member. Transgender and intersex residents are provided the opportunity to shower, perform bodily functions, and change clothes separately from other residents. Only male staffs are permitted to supervise showers by being in the bathroom during showers. If a female staff is supervising showers, she may only do so outside of the bathroom area and then only while one resident at a time is permitted in the shower area. During the onsite portion of the audit, the auditor was able to observe areas used to conduct strip searches, visual body cavity searches, and pat-down searches and assess whether opposite-gender staff (i.e., non-medical personnel) can watch the conduct of a strip search or visual body cavity search (absent exigent circumstances) and have informal conversations with</p>



	<p>staff and persons confined in the facility regarding search procedures (e.g., limits to cross-gender viewing, supervision of searches).</p> <p>A review of training documentation related to searches, as well as interviews with staff and residents support the practices as outlined by policy and in keeping with compliance with the standard.</p> <p>Evidence relied upon to demonstrate audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.1.1</li> <li>• Christian Acres Youth Center, Inc. Policy 14.18</li> <li>• Christian Acres Youth Center, Inc. Policy 14.3.2</li> <li>• Review of facility Search Training documentation</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with residents and staff</li> </ul>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 17.1.2 (Prevention Planning – Residents with disabilities and residents who are limited English Proficient) requires that the facility take the appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has multiple avenues for providing immediate access to interpreter services to residents who require them. In addition to signed agreements for service provision in Spanish, French, Chinese, and Japanese, with the University of Louisiana at Monroe, Foreign Languages Department, an agreement with a local trained braille translator, and an agreement for the provision of auxiliary aids and sign language services are all maintained by the agency. The agency has recently secured access to an artificial intelligence translation service as well to support immediate access for residents as may be required. Besides confirming the agreements for the provision of interpreting</p>

	<p>services to residents, the auditor was able to test the facility’s process for securing interpretation services on-demand by calling the posted numbers. It was further determined that residents may request interpreting services without self-identification to protect anonymity and support confidential access to support services. Access to these services will be provided in a setting (a counselor’s or administrator’s office) and or manor that affords privacy to the resident.</p> <p>Conversations with staff and persons confined in the facility confirmed their knowledge of the existence of these services when and if needed. To increase safety measures and ensure standards compliance the facility prohibits the use of resident interpreters, resident readers or other types of resident assistants. Various forms are available to youth in both English and Spanish and PREA posters and other information is also posted in English and Spanish throughout the facility. The facility has had no residents with disabilities requiring access to these services in the last 12 months. Resident and staff interviews verified the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months.</p> <p>Evidence relied upon to demonstrate audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy</li> <li>• Review of Various forms translated into Spanish</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with residents, and staff</li> <li>• Interview with PREA Coordinator</li> </ul>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 17.1.3 (Prevention Planning – Hiring and Promotion Decisions) establishes how the facility complies with this standard and requires background checks including: Louisiana State Police, Bureau of Criminal Identification, contact with previous institutional employers, and consultation with Child Abuse Registry. All staff hired in the past 12 months that may have contact with residents have had criminal background record checks completed. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. In the past 12 months there has been one contract for services where criminal background record checks were conducted. The facility exceeds the requirement of conducting criminal background checks every five years in that policy 17.1.3 requires criminal background checks to be conducted every year. Prior to the hiring or promotion of an applicant, the applicant must answer all questions</p>

	<p>on the PREA Screening Pre-Employment, Contractor, Promotional and Employee Yearly Review Form. Additionally, prior to hiring or promoting, the applicant or staff is informed that material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. Interviews with staff and the Assistant Director who has responsibility for Human Resources and hiring and promotion decisions confirm compliance with this standard.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.1.3</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interviews with staff</li> <li>• Review of various supporting documentation and forms</li> </ul>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CAYC has not acquired a new facility or made any substantial expansions or modifications to the existing facility since August 20, 2012. The agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. While the facility has a comprehensive video monitoring system to supplement efforts in supervision and monitoring, they have added cameras and upgraded monitors and camera types to reduce blind spots or other supervision issues related to the facility plant.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Observations of the Auditor during the on-site Tour</li> <li>• Observations of the Auditor during video review</li> <li>• Interviews with Staff</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The facility only conducts administrative investigations related to sexual abuse investigations. The Louisiana Office of Juvenile Justice also investigates allegations of sexual abuse. The Madison Parish Sheriff's Office is responsible for conducting criminal investigations into allegations of sexual abuse. A Cooperative Agreement between the facility and Sheriff's Office was presented for review and is in keeping with this standard related to sexual abuse investigation. The Cooperative Agreement requires that Madison Parish Sheriff's Office follows a uniform evidence protocol that is developmentally appropriate for youth when conducting sexual abuse investigations. Further, the evidence protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Policy 17.2 chapter 17 (IV. Responsive Planning - Evidence Protocol and Forensic Medical Examinations) requires that all residents who experience sexual abuse have access to forensic medical examinations without financial cost to the victim. The policy also requires that where possible the forensic examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). When a SAFE or SANE is not available a qualified medical practitioner performs forensic medical examinations. Efforts to provide access to a SAFE or SANE are documented by the facility. The facility presented a Memorandum of Understanding (MOU) with Madison Parish Hospital which is where residents receive medical treatment. There has been no forensic examination conducted in the past 12 months. The facility will make a victim advocate from a rape crisis center available to the victim, in person or by other means. This is supported by the facility's relationship with the Wellspring Alliance for Families which was confirmed by this auditor who spoke with staff from Wellspring Alliance for Families and verified their agreement to provide victim advocacy to residents of the facility who experience sexual abuse. A call from the auditor to Wellspring, confirmed the agreement for support and service provision. Policy 17.2 also requires that if and when a rape crisis center is not able to provide victim advocacy services that facility shall make the services available by a qualified agency staff member. Additionally, policy 17.2 requires that as requested by the victim, the victim advocate or qualified agency staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

Evidence relied upon to determine audit finding:

- Cooperative Agreement between Christian Acres Youth Center and Madison Parish Sheriff's Office
- Christian Acres Youth Center, Inc. Policy 17.2
- Memorandum of Understanding with Madison Parish Hospital
- Interviews with staff
- Phone call to Wellspring Alliance for Families

	<ul style="list-style-type: none"> <li>• Interviews with PREA Coordinator</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> </ul>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy ensures that all allegations of sexual abuse and sexual harassment are administratively and or criminally investigated. Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations (Madison Parish Sheriff’s Office), unless the allegation does not involve potentially criminal behavior. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were four allegations of sexual abuse reported to the facility. In the past twelve months all four allegations reported to the facility resulted in administrative investigations. In the past 12 months two of the four allegations received have been referred for criminal investigation. Referring to the allegations received during the past 12 months, all administrative and criminal investigations have been completed. Additionally, the agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. Interviews with the facility leadership, PREA Coordinator, and other staff confirmed their knowledge and understanding of, as well as their compliance with the policy’s requirements.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Review of All PREA investigations</li> <li>• Review of PREA reporting forms and documentation</li> <li>• Interview with PREA Coordinator</li> <li>• Interviews with staff</li> </ul>

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

Policies 17.3 (Administrative, Managerial, Medical and Professional Staff Training); Training and Education – Employee, Volunteer, and Contractor Training); addresses the agency’s requirements to meet the standard for staff training. The training curriculum, staff training records and staff interviews indicate that at a minimum, staffs receive PREA training during staff orientation and annually during refresher training. The training curriculum provided covered: the agency’s zero tolerance policy, fulfilling responsibilities related to preventing, detecting, reporting, and response procedures; resident’s rights to be free from sexual abuse and sexual harassment; the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and harassment in juvenile facilities; the common reactions of sexual abuse and sexual harassment victims; detecting and responding to signs of actual and threatened sexual abuse; avoiding inappropriate relationships with residents; communicating professionally and respectfully with residents, including those residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. The training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training specific to the requirements and resident population of Christian Acres. All facility staff that may have contact with residents have been trained or retrained on the PREA requirements enumerated by this standard. Between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment through regular bi-weekly training that take place during team meetings. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually and more frequently as needed. The agency ensures that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Evidence relied upon to determine audit finding:

- Christian Acres Youth Center, Inc. Policy 17.3
- Christian Acres Youth Center, Inc. Training Curriculum
- Christian Acres Youth Center, Inc. Training Sign-In Sheets
- Christian Acres Youth Center, Inc. Training database
- Christian Acres Youth Center, Inc. Records Management System
- Christian Acres Youth Center Pre-Audit Questionnaire
- Auditor review of training documentation
- Interviews with staff
- Interview with PREA Coordinator

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 17.3 Chapter 17 (Training and Education – Employee, Volunteer, and Contractor Training) requires that all volunteers and contract personnel receive orientation prior to their assignment. This training includes the volunteers' and contractors' responsibilities under the agency's policies and procedures. Currently, there are no volunteers, and 15 contractors assigned to the facility that have received training. The facility ensures that they are trained in the agency's zero-tolerance policies and procedures regarding sexual abuse and sexual harassment prevention, detection, reporting and response is. The level and type of training contractors and volunteers are provided is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who may have contact with residents will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency will maintain documentation confirming that the volunteers and contractors understand the training they have received.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.3</li> <li>• Auditor review of training curriculum</li> <li>• Auditor review of training documentation</li> <li>• Interviews with Education staff (Contractors)</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> </ul>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 17.3.14 Chapter 17 (Training and Education – Resident Education) requires that upon admission all residents are provided the zero-tolerance policy and the PREA Orientation packet. Resident education is accessible to all residents, including residents who are limited English proficient and those residents who may be deaf, visually impaired or otherwise disabled. During the intake process, staff read and review the zero-tolerance policy and information on how to report sexual abuse and sexual harassment with each resident. After providing the residents with the required information related to the zero-tolerance policy, residents sign and date that they received and understand the information. Additional resident education is</p>

provided to each youth by the PREA Coordinator within ten days of the intake process. Included in the education provide by the PREA Coordinator is the zero-tolerance policy, how to report sexual abuse and sexual harassment, how to keep themselves safe, how to get counseling and medical assistance, consequences for violating the zero-tolerance policy, and the agency's response to any incidents that are reported. A total of 115 residents admitted to the facility in the past 12 months; all received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. There is weekly facility-wide age-appropriate education provided to all residents, which is documented by staff. Additionally, periodically, the counselor will review the zero-tolerance policy with the resident. This review will also cover, how to report allegations of sexual abuse and sexual harassment, how to stay safe, how to get counseling and medical assistance as well as consequences for violating the zero-tolerance policy. Documentation of the residents' signatures is maintained by the facility. Files of residents housed at the facility were physically inspected and reviewed by the auditor to confirm the practice of maintaining signatures. Further confirmation of resident education was received during resident and staff interviews. The PREA information is presented in a manner that is accessible to all residents. During the facility tour the auditor observed the presence of PREA posters and reporting instructions posted throughout the facility. During the site review, the auditor observed an actual intake process, and the sexual safety information (PREA information/zero-tolerance information) provided at the point of intake. Also confirmed was the staff responsible for conducting the intake process. Staff are prepared to read written information out loud, if applicable, to make accommodations for persons confined to the facility when necessary (e.g., Blind or have low vision, limited reading skills). Written information, was clear and provided at an appropriate reading-level and is accessible for all persons confined in the facility, including those who are limited English proficient (LEP) (i.e., the facility provides written information in the languages most commonly spoken in the facility and/or provides translation services on-demand). The facility provides interpreters, when needed, to assist Deaf and non-English speaking persons confined in the facility (see section Interpretation Services, below). Mental health staff or other skilled educators/staff are involved in providing the required information to confined persons with cognitive or functional disabilities as required. Lastly, the auditor had informal conversations with staff and residents/persons confined in the facility regarding initial PREA education provided during intake (e.g., understanding of information provided, access to additional support to understand information provided, if necessary). The facility has access to interpreting and translation services for residents with limited English proficiency and those residents who may have hearing or visual impairments and require additional services or support to ensure the intake process and zero-tolerance policy are understood.

Evidence relied upon to determine audit finding:

- Christian Acres Youth Center, Inc. Policy 17.3.1
- Christian Acres Youth Center Pre-Audit Questionnaire



	<ul style="list-style-type: none"> <li>• Auditor review of resident education materials</li> <li>• Auditor review of each resident's file</li> <li>• Interviews with Staff</li> <li>• Interviews with Residents</li> <li>• Interviews with PREA Coordinator</li> </ul>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>While Christian Acres Youth Center does not perform criminal investigations, policy requires that an informal/administrative investigation on all allegations is conducted in conjunction with or at the completion of any formal investigation conducted by an outside agency. The PREA Coordinator is the only person at the facility who has had the required training to conduct specialized investigations and is the sole person responsible for completing the administrative/informal investigations related to sexual harassment and sexual abuse. The agency maintains documentation of the PREA Coordinator's completion of specialized training. Formal investigations are completed by Madison Parish Sheriff's Office.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.3.2</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Cooperative Agreement between Christian Acres Youth Center and Madison Parish Sheriff's Office</li> <li>• Auditor Review of Training Certificate</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 17.3.3 Chapter 17 (Training and Education - Specialized Training: Medical and Mental Health) addresses compliance with this this standard. While medical staff</p>

	<p>assigned to the facility do not conduct forensic examinations, the facility transports youth requiring forensic examinations to Madison Parish Hospital where forensic exams may be conducted. As required by policy 17.3.3, in addition to orientation and training relevant to their positions, all medical and mental health staff are required to receive PREA training. 100% (14 total) of medical and mental health staff have been trained as required by agency policy. The documentation of all training is maintained by the facility.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.3.3</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interviews with Medical and Mental Health Staff</li> <li>• Interview with PREA Coordinator</li> <li>• Review of Training Certifications for all medical and mental health staff</li> </ul>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policy 17.4 (Screening for Risk of Sexual Victimization and Abusiveness – Obtaining Information from Residents) requires designated staff to obtain information about each resident’s personal history and behavior to screen and assess residents for the potential of sexual victimization and abusiveness at intake and periodically throughout the resident’s confinement. This screening for risk of victimization and abusiveness is completed on each resident within 72 hours of intake. The risk assessment is conducted using an objective screening instrument. 115 residents were screened during the past 12 months. Staff and resident interviews and a review of every resident record confirmed that the screening for risk of sexual abuse victimization and sexual abusiveness toward other residents is being conducted, including periodic reassessments. During the site review and the observation of the intake process, the auditor observed the risk screening process. Case Managers and Mental Health staff perform the risk screening. The screening process always occurs in a setting that ensures as much privacy as possible. Staff use a screening protocol/ instrument to ask screening questions in a manner that fosters comfort and elicits responses. Further, screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status) and use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment. During the on site review the auditor had informal conversations with staff and residents/confined persons regarding the</p>

	<p>process, its effectiveness, sensitivity to the process and comfort level of resident. Lastly, staff confirmed that access to the information gathered using the screening tools and assessments is private and shared with only those with a need to know.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.4</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Review of screenings for residents</li> <li>• Review of screening tool</li> <li>• Auditor Interviews with Staff</li> <li>• Auditor Interviews with Residents</li> <li>• Auditor Interviews with PREA Coordinator</li> </ul>
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<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policy 17.4.1 (Screening for Risk of Sexual Victimization and Abusiveness – Placement of residents in housing, bed, program, education, and work assignments) outlines that the agency uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Policy requires that the information gathered from the use of the assessment be shared only to the extent of keeping residents safe and shall be guarded to prevent exploitation of the residents. Policy further states that Christian Acres Youth Center does not isolate residents from other residents for the sole purpose of keeping them safe. There have been no residents placed in isolation in the last 12 months because he or she was at risk of sexual victimization. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator of likelihood of being sexually abusive, further, policy prohibits placing LGBTI residents into particular housing, bed or other assignments solely on the basis of such identification or status. Housing and programming assignments for transgender or intersex residents in a facility on a case-by-case basis. A review of resident files revealed all residents were appropriately classified, reclassified and supervised according to the information gathered from the screening tools. Based on the information from the documentation reviewed and interviews with staff and residents the facility has demonstrated compliance with this standard.</p> <p>Evidence relied upon to determine audit finding:</p>

	<ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interviews with PREA Coordinator</li> <li>• Interviews with Staff</li> <li>• Interviews with Residents</li> <li>• Review of schematics with room supervision levels</li> </ul>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 17.5 (Reporting – Resident Reporting) requires that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse; sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or other violations of responsibilities that may have contributed to such incidents. At CAYC residents may write written statements and drop the statements at grievance boxes located around the campus, additionally, residents have access to writing materials and tools to document any such report. The grievance boxes are checked daily by facility administrators. Residents may ask to speak to the PREA Coordinator at any time. Residents may report verbally to any staff, supervisor, or administrative personnel any allegation. Policy mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All verbal reports must be documented promptly by staff and immediately reported to the Administrator or Assistant Administrator. Residents may verbally report allegations by using the telephone located on the cottages to call one of the two Office of Juvenile Justice reporting hotlines, the 24-hour sexual assault hotline for Madison Parish (Wellspring), or the Department of Children and Family Services hotline. As it relates to civil immigration purposes, CAYC does not house residents with this legal status. As mandated reporters, staff are required to report sexual abuse and sexual harassment of residents; staff may privately report directly to any supervisor or administrator. Residents receive reporting information at intake, this information is also found in the resident handbook. Reporting information is clearly posted throughout the facility and adjacent to the telephones to assist residents making reports using the telephone. Interviews with staff and residents support an understanding of the process including the multiple ways residents may report allegations of sexual abuse or sexual harassment. In addition to interviews, observations made during the tour confirmed the proper posting of information for residents.</p>

	<p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.5</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Auditor Review of forms and reporting documentation</li> <li>• Interviews with Residents</li> <li>• Interviews with Staff</li> <li>• Interview with PREA Coordinator</li> </ul>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies 17.5.1 (Reporting-Exhaustion of Administrative Remedies Grievance and Appeal Process) details the administrative process for dealing with resident grievances regarding sexual abuse. Residents are provided with information as to how to file grievances during the intake process and again by the PREA Coordinator. Policy dictates that there is no time limit for a resident to submit a grievance regarding an allegation of sexual abuse. CAYC does not require any resident to use an informal grievance process, or otherwise to attempt to resolve with staff an alleged incident of sexual abuse. Further, agency policy and procedure allow for a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse are made within 90 days of the filing of the grievance. In the past 12 months there have been no grievances filed that alleged sexual abuse. In the past 12 months there have been no grievances filed alleging sexual abuse that involved extensions because a final decision was not reached within 90 days. Policy requires that residents are notified in writing when the agency files for an extension, including notice of the date by which a decision will be made. Additionally, policy 17.5.1 permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Policy 17.5.1 requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents a resident’s decision to decline. Further, policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. There have been no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance,</p>

	<p>containing documentation of a resident’s decision to decline. As it relates to the filing of emergency grievances alleging substantial risk of imminent sexual abuse, policy 17.5.1 outlines the established procedures. This policy requires an initial response within 48 hours after filing an emergency grievance alleging substantial risk of sexual abuse and requires the agency to issue a final decision be issued within five days. Lastly, policy 17.5.1 limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months there have been no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.5.1</li> <li>• Review of grievances submitted by residents</li> <li>• Interviews with Staff</li> <li>• Interviews with Residents</li> <li>• Interview PREA Coordinator</li> </ul>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies 17.5.2 (Reporting – Resident access to outside support services and legal representation) requires the facility to 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 of local, State, or national victim advocacy or rape crisis organization. The policy also requires the facility to enable reasonable communication between residents and these organizations in as confidential manner as possible. The facility informs residents, prior to giving them access to outside support services, of the extent to which such communication will be monitored. The facility informs residents prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State or local law. The agency maintains memoranda of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility</p>

maintains copies of the memorandum of understanding and attempts to enter into such agreements. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility also provides residents with reasonable access to parent or legal guardians. Policy requires that youth have access to telephones, tools, and materials for letter writing. The advocacy services were confirmed through interviews with staff and a conversation between this auditor and Wellspring staff. Resident interviews confirmed that they were aware of the telephone numbers and addresses and how to make contact with the Wellspring. Answers from residents regarding service provision from confidential support services ranged from counseling and help to therapy. While the answers varied, it appeared residents understood that they would be provided assistance that was confidential and supportive in nature. Staff and resident interviews confirmed that residents have reasonable access, and that access is provided in as confidential a manner as possible. Interviews with residents and staff confirm that residents have access to their attorneys, other legal representatives, as well as parents and legal guardians. Residents reported that they were able to make phone calls, visit, and send and receive mail from parents, guardians, and their legal representatives.

Evidence relied upon to determine audit finding:

- Christian Acres Youth Center, Inc. Policy 17.5.2
- Christian Acres Youth Center Pre-Audit Questionnaire
- Observations of the auditor made during the Facility Tour
- Memorandum of Understanding with Wellspring
- Memorandum of Understanding with Safe Measures
- Interviews with Residents
- Interviews with Staff
- Interview with PREA Coordinator
- Telephone Conversation with staff at Wellspring

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 17.5.3 (Reporting - Third Party Reporting) requires the agency establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual

	<p>harassment on behalf of a resident. Additionally, the agency website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment and encourages reports on behalf of a resident. Staff and resident interviews revealed all were aware of a resident’s right to report sexual abuse or sexual harassment to a trusted staff member as well as third parties and others outside of the facility including their parents/legal guardians and attorneys. During staff interviews the responses indicated that staff clearly understood to immediately report and document all allegations and suspicions of sexual abuse and sexual harassment. Staff and residents were able to provide various examples of third parties, including “parents, guardians, trusted adults, and attorneys”.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.5.3</li> <li>• Christian Acres Youth Center Questionnaire</li> <li>• Interviews with Staff</li> <li>• Interviews with Residents</li> <li>• Interview with PREA Coordinator</li> </ul>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies 17.6 (Official Response Following a Resident Report-Staff and agency reporting duties) and 3.22 Chapter Three (Reporting Sexual and Physical Misconduct) requires staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against resident or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation policy also requires all staff to comply with applicable mandatory child abuse reporting laws. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Evidence relied upon to determine audit finding:</p> <p>Christian Aces Youth Center, Inc. 17.6</p>



	<p>Christian Acres Youth Center, Inc. 3.22</p> <p>Christian Acres Youth Center Pre-Audit Questionnaire</p> <p>Interviews with Staff</p> <p>Interview with PEA Coordinator</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 17.6.1 (Official Response Following a Resident Report – Agency protection duties) Policy requires that when an agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay) In the past twelve months there have been no times the agency or facility has determined that a resident was subject to substantial risk of imminent sexual abuse. During interviews staff responded that they would take all allegations seriously and report and respond to all allegations received. The responses of staff were in keeping with the policy outlining agency protection duties.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.6.1</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interviews with staff</li> <li>• Interview with PREA Coordinator</li> <li>• Interview with Director</li> </ul>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 17.62 (Official Response Following a Resident Report – Reporting to other Confinement Facilities) requires that upon receiving an allegation from a resident that they were sexually abused while confined at another confinement facility, the Administrator or designee that received the allegation shall notify the head of the</p>

	<p>facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be made as soon as possible but no later than 72 hours after receiving the allegation. CAYC shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with the standards. During the past 12 months, there were no allegations received that a resident was abused while confined at another facility nor were there allegations during the past 12 months of sexual abuse received by CAYC from other facilities. The interview with the facility Director revealed that she had a clear understanding of this policy and the PREA standard and her duty to immediately report allegations received of abuse of residents while confined at other facilities as well as the prompt investigations of reports to her of allegations received from other facilities regarding abuses that may have taken place at CAYC.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.6.2</li> <li>• Christian Acres Pre-Audit Questionnaire</li> <li>• Interview with Director</li> </ul>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 17.6.4 (Official Response Following a Resident Report - Staff first Responder Duties) requires staff to take specific steps to respond to a report of sexual abuse including: separating the alleged victim from the abuser; preserving and protect any crime scene until the appropriate steps can be taken to collect evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and document in writing the information received regarding the incident. During staff interviews, they were able to speak to the aforementioned steps and their responses demonstrated a clear understanding of their roles as first responders. Medical and mental health staff were able to speak to their roles as responders to an incident once notified by staff. Medical spoke to completing an initial assessment of injuries and rendering aid as required. Medical also stated that any incident requiring a forensic medical examination would be referred out to Madison Parish Hospital for examination by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. In the past 12 months there have been four allegations that a resident was sexually abused. Of the four, there were two allegations where the first security staff member to respond to the report separated the alleged victim from the alleged abuser. Of the four reports there were no</p>

	<p>allegations where staff were notified within a time period that still allowed for the collection of physical evidence. Additionally, agency policy requires that if the first responder is not a security staff member that responder shall notify security staff and be required to request the alleged victim not take any action that might destroy physical evidence. Of the allegations that a resident was sexually abused made in the past 12 months, there were no times when a non-security staff member was the first responder.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.6.4</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interviews with Staff (Random, and Specialized)</li> <li>• Interview with PREA Coordinator</li> </ul>
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<b>115.365</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is detailed in policy 17.6.5 Chapter 17 (Official Response Following a Resident Report – Coordinated Response) and further supported with a Coordinated Response Checklist that provides vehicle by which staff are able to document who carried out what tasks and h n. Policy The checklist details actions taken by staff first responders, medical, mental health, investigators and administrators. The checklist also details the order of the response by action and who is responsible for each action. The checklist was reviewed and is in compliance with this standard. Interviews with the Director and other staff including staff first responders, medical and mental health revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse in keeping with the facility’s coordinated response plan, the policy and the PREA standards. The coordinated response plan checklist, PREA policy and response of staff during interviews demonstrated compliance with this standard.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interviews with Staff</li> </ul>

	<ul style="list-style-type: none"> <li>• Interview with PREA Coordinator</li> </ul>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Christian Acres Youth Center is not a collective bargaining agency; this standard is not applicable.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 17.6.6 (Official Response Following a Resident Report – Agency Protection Against Retaliation) outlines how the agency will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PREA Coordinator has been designated to monitor for and investigate any indications of retaliation. Responses from the interviews demonstrated a clear understanding of the policy and roles of the administrative team to monitor for changes that may suggest possible retaliation by residents or staff; the team was able to provide various examples that might indicate retaliation including changes in resident behavior, acting out; withdrawing, increased resident behavior reports, unit changes and increased reports of incident involvement; as it related to staff the responses included attendance issues, changes in work habits and negative performance reviews, work/unit assignments. Further, the PREA Coordinator provided documentation of monitoring for retaliation from prior investigations. The PREA Coordinator reported that she would actively monitor for retaliation by meeting with staff and residents who had reported sexual abuse or sexual harassment or who had cooperated with investigations. During the interview she indicated that she would respond immediately to remedy retaliation and that she would monitor for retaliation for at least 90 days and longer if the situation called for a longer monitoring period to ensure that safety of residents and staff. The interview with the Director indicated she would ensure compliance with the policy for monitoring for</p>

	<p>retaliation by meeting with the PREA Coordinator and Assistant Director to ensure steps for protection were followed as outlined by policy. There were no incidents of retaliation occurring in the past 12 months.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.6.6</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> <li>• Interviews with Director and Assistant Director</li> <li>• Review of all completed investigations</li> </ul>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 17.6.7 Chapter 17 (Official Response Following a Resident Report - Post Allegation Protective Custody) CAYC does not use segregated housing to protect a resident who has alleged to have suffered sexual abuse. The facility utilizes the following precaution as needed to supervise a resident who alleges sexual abuse: Post Sexual Abuse Protection Plan or High-Risk Sexual Abuse Protection Plan. The goal of initiating one of these plans is to describe specific protocols for residents while providing staff with the necessary information, training, and procedures to recognize warning signals of self-destructive behavior or severe emotional trauma following an incident of sexual abuse. It also provides staff with information regarding residents who may be at high risk of sexual abuse and are in need of special precautions. Post allegation protection is one component of the plan to protect residents identified as having suffered or may be at risk for sexual abuse. Documentation of the plan will become a part of the resident's permanent file. No residents who alleged to have suffered sexual abuse were placed in isolation during the past 12 months. The facility has the ability to separate residents from each other within the facility and by moving residents to other facilities if the need arises.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.6.7</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 1921"> The agency conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, which it does promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency uses investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. The investigator is responsible for gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data to support the investigatory process. Additionally, in support of the administrative investigation, the investigator may interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Interviews with the PREA Coordinator and Agency head confirmed that the agency does not terminate an investigation solely because the source of the allegation recants the allegation. When the quality of evidence appears to support criminal prosecution, the agency relies on the local Sheriff's Department to conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interviews with the PREA Coordinator and Agency head confirmed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and shall not be determined by the person's status as resident or staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations conducted by the Sheriff's department are documented in written reports that contain a thorough description of physical, testimonial, and documentary evidence and include the attachment of copies of all documentary evidence where feasible. All substantiated allegations of conduct that appear to be criminal are referred for prosecution. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Interviews confirm and policy supports the departure of the alleged abuser or victim from employment or control of the facility or agency does not provide a basis for terminating an investigation. When an outside entity investigates sexual abuse, the agency cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. </p> <p data-bbox="280 1962 1481 2078"> During my interview with the PREA Coordinator, who is also the agency investigator for administrative investigations. In keeping with requirements, where sexual abuse is alleged, the agency uses an investigator who has received special training in </p>

	<p>sexual abuse investigations involving juvenile victims pursuant to § 115.334. This was confirmed by reviewing training documents that support the specialized training received. Further, I was able to observe the physical storage area of information/documentation collected and maintained in hard copy pursuant to the PREA Standards. The area is secured by lock and key. The agency has in place, electronic safeguards of information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine that access to the information is secured by being password protected and is accessible only by certain personnel, which was confirmed through interviews with the PREA auditor and Agency head. The information was further confirmed through informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc.</p> <p>Evidence relied upon to demonstrate audit finding:</p> <ul style="list-style-type: none"> <li>- Agency Policies</li> <li>- Interviews with Agency personnel during the onsite portion of the audit</li> <li>- A review of all investigatory reports conducted during the audit period</li> </ul>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Agency policy 17.7.1 and procedures support the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated which was confirmed through interviews and a review of agency policy. Policy, practice, review of agency documentation and responses to the interview protocols support compliance with this standard.</p> <p>Evidence relied upon to demonstrate audit finding:</p> <ul style="list-style-type: none"> <li>- Agency Policy</li> <li>- Interviews with Agency personnel during the onsite portion of the audit</li> </ul>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1477 1417">Policy 17.7.2 (Investigations – Reporting to Residents) requires that any resident who alleges that they suffered sexual abuse or sexual harassment while in the facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months there were four administrative investigations of alleged resident sexual abuse conducted. Of the four complete investigations in the past 12 months, three residents were notified verbally or in writing of the results of the investigations. Discussion with the PREA Coordinator confirmed that if a criminal investigation is conducted by an outside agency, Madison Parish Sheriff’s Department, the agency requests the relevant information from the outside agency to inform the resident as to the outcome of the investigation. Policy requires that following a resident’s allegation that a staff member has committed sexual abuse against a resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident’s unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All such notifications and attempts of notifications shall be documented. Policy further states that following a resident’s allegation that her or she has been sexually abused by another resident in the facility the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications are documented. There have been three notifications to residents pursuant to this standard in the past 12 months.</p> <p data-bbox="280 1458 999 1491">Evidence relied upon to demonstrate audit finding:</p> <ul data-bbox="280 1532 1222 1776" style="list-style-type: none"> <li>- Christian Acres Youth Center, Inc. Policy 17.7.2</li> <li>- Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>- Auditor Review of Allegations, Investigations, and documentation</li> <li>- Interview with PREA Coordinator</li> </ul>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



	<p>Policy 17.8 (Disciplinary Sanctions - Staff) outlines the agency's disciplinary response related to violations of PREA policies by staff. Policy states staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months there have been no staff terminated for violating the agency sexual abuse and or sexual harassment policy. Additionally, in the past 12 months two staff have been disciplined short of termination for violating the agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of CAYC's PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Madison Parish Sheriff's Office, unless the activity was clearly not criminal, and to any relevant licensing bodies. The policy specifically states that the presumptive disciplinary sanction for staff who engage in sexual abuse will be termination.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.8</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Review of all investigations</li> <li>• Interview with PREA Coordinator</li> </ul>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policy 17.8.1 (Disciplinary sanctions - Corrective action for contractors and volunteers) outline the agency's process that demonstrates compliance with this standard. Policy 17.8.1 states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and that they will be reported to the Madison Parish Sheriff's Office and licensing bodies unless the activity was clearly not criminal. Policy 17.8.1 further requires that CAYC will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.</p> <p>Evidence relied upon to determine audit finding:</p>

	<ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.8.1</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>
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115.378	Interventions and disciplinary sanctions for residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 17.8.1 (Disciplinary sanctions - Corrective action for contractors and volunteers) outline the agency’s process that demonstrates compliance with this standard. Policy 17.8.1 states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and reported to the Madison Parish Sheriff’s Office and licensing bodies unless the activity was clearly not criminal. Policy 17.8.1 further requires that CAYC will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.8.1</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

115.381	Medical and mental health screenings; history of sexual abuse
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 17.9 Chapter 17 (Medical and Mental Care - Medical and Mental Health Screenings; history of sexual abuse) All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days. In the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is 100%. Medical and mental health staff maintain secondary materials documenting compliance with this required service. All residents who previously perpetrated sexual abuse, as indicated during the screening pursuant to</p>

§115.341, are offered a follow-up meeting with a mental health practitioner and that meeting will take place within 14 days of the intake screening. In the past 12 months 100% of residents who disclosed previously perpetrating sexual abuse, as indicated during screening were offered a follow-up meeting with a mental health practitioner. Mental health staff maintain secondary materials documenting compliance with this service. 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. It is important to note that CAYC only accepts residents between the ages of 12-17. Documentation of their duty as mandated reporters to report abuse is disclosed to the resident in writing and signed by the resident acknowledging understanding. During the site review, the physical storage area of information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) was observed and inspected to determine that the area was secured. It is secured by lock and key. Additionally, observations included review of protocols used by the agency to protect information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information). It was confirmed that the information is secure and access to the information is restricted. Informal conversations were had with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy, specifically who has access and how access is restricted).

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.9
- Christian Acres Youth Center Pre-Audit Questionnaire
- Auditor review of documentation
- Interviews with medical and mental health staff
- Interview with PREA Coordinator

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Policy 17.9.1 (Medical and Mental Care - Access to Emergency Medical and Mental Health Services) requires that all resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of the services are determined by medical and mental health practitioners. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Treatment Services shall be provided to every without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with medical and mental health staff confirm their understanding and compliance with this standard.</p> <p>Evidence relied upon to determine audit findings:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.9.1</li> <li>• Christian Acres Youth Center Cooperative Agreement with Madison Parish Hospital</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interviews with Medical Staff</li> <li>• Interview with PREA Coordinator</li> </ul>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 17.9.2 (Medical and Mental Care - Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers) addresses ongoing medical and mental health care for sexual abuse victims and abusers. Policy 17.9.2 requires CAYC to offer ongoing medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. CAYC does not house female residents. CAYC has entered into a cooperative agreement with Madison Parish Hospital for the treatment of residents. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Additionally, the facility will attempt to obtain a mental health evaluation within 60 days of learning of such abuse history and offer treatment when deemed appropriate by a mental health practitioner. Agency policy and responses received during interviews with medical and mental health staff and the</p>

	<p>PREA Coordinator confirm compliance with this standard.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.9.2</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interviews with Medical and Mental Health Staff</li> <li>• Interview with PREA Coordinator</li> </ul>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 17.10 (Data Collection and Review - Sexual Abuse Incident Reviews) outlines the agency's efforts to comply with this standard and provides information regarding the incident review team and its role. The Policy details the make-up of the sexual abuse incident review team. Policy also outlines the elements to be considered in their assessments of incidents. Further, policy dictates the facility initiate a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there was one incident review completed at the facility. Sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. The sexual assault incident review team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) - (d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator. Policy states that the facility will document and implement the recommendations for improvement or document its reasons for not doing so. Interviews with staff who make up the facility incident review team, as well as the Director revealed that they understand the purpose of the incident review team and the process by which incidents will be reviewed. Review of the incident review summary of findings exhibited the facility's understanding of the process and provided this auditor the opportunity to assess the effectiveness of the current incident review process.</p> <p>Evidence relied upon to determine audit findings:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.10</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> </ul>

	<ul style="list-style-type: none"> <li>• Review of all five Reports of Findings</li> <li>• Interview with PREA Coordinator</li> </ul>
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115.387	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Agency’s compliance efforts are supported by policy 17.10.1 (Data Collection and Review – Data Collection). The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. CAYC will aggregate the incident-based sexual abuse data at least annually. CAYC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency does not contract for the confinement of its residents. The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.10.1</li> <li>• Christian Acres Youth Center Annual Review Form</li> <li>• Christian Acres Youth Center Annual Reports</li> <li>• Interview with PREA Coordinator</li> </ul>

115.388	Data review for corrective action
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 17.10.2 (Data Collection and Review – Data review for corrective action) address compliance with this standard. CAYC will review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and training, including identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings from its data review and any corrective actions for the facility and agency as a whole. The report shall include a</p>

	<p>comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of CAYC’s progress in addressing sexual abuse. The report shall be approved by the Director and made readily available to the public through the agency website: <a href="http://www.christianayc.com">www.christianayc.com</a>. CAYC reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of CAYC, but in so doing it will indicate the nature of the material redacted. A review of documentation and interviews confirm this practice.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.10.2</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with Director</li> <li>• Interview with PREA Coordinator</li> </ul>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 17.10.3 (Data Collection and Review - Data storage, publication and destruction) requires that the agency ensures that incident-based and aggregate data are securely retained. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection unless Federal, state or local laws require otherwise. Interviews with the Director and PREA Coordinator along with policy review and observation of the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards to ensure the area was secure. Lastly, informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. confirmed how information is stored and who has access to the information, as well as how access is restricted, demonstrating compliance with this standard.</p> <p>Evidence relied upon to determine audit finding:</p> <ul style="list-style-type: none"> <li>• Christian Acres Youth Center, Inc. Policy 17.10.3</li> <li>• Christian Acres Youth Center Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The agency was previously audited prior to the end of the first and second audit cycles. This subsequent audit meets the requirement to be audited during the third audit cycle and is within three years of the previous audit. The auditor had access to and the ability to observe all areas of the facility on all shifts of the 24-hour day. Interviews with the Superintendent and PREA Coordinator demonstrate compliance with this standard. The auditor was permitted to request and did receive copies of relevant documentation, including electronic documentation. The auditor was able to interview residents and staff in a private setting. Audit notices were posted at the facility and on the website more than six weeks prior to the start of the audit. Each posting listed the telephone number and address of the auditor. Residents were afforded the opportunity to send confidential information and correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Interviews with residents and staff</li> <li>• Photos of notifications of the audit and screenshot of notice on website posted at least six weeks prior to the on-site visit</li> <li>• Interview with Superintendent</li> <li>• Interview with PREA Coordinator</li> </ul>

115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Christian Acres Youth Center has ensured the final audit summary reports from previous audits have been published on the agency’s website or is otherwise made readily available to the public.</p>



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

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

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

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

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



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

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

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

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

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

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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	



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

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	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?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	



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

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

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

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

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

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

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

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

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

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



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

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

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

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

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

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes