

# PREA Facility Audit Report: Final

**Name of Facility:** Johnny Gray Jones Youth Shelter

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 01/24/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Annette C. Miller	<b>Date of Signature:</b> 01/24/2018

AUDITOR INFORMATION	
<b>Auditor name:</b>	Miller, Annette
<b>Address:</b>	
<b>Email:</b>	annettemiller5@verizon.net
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	12/04/2017
<b>End Date of On-Site Audit:</b>	12/08/2017

FACILITY INFORMATION	
<b>Facility name:</b>	Johnny Gray Jones Youth Shelter
<b>Facility physical address:</b>	4815 Shed Road, Bossier City, Louisiana - 71111
<b>Facility Phone</b>	318-747-1459
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Kim Carlisle	<b>Title:</b>	Program Manager
<b>Email Address:</b>	kimcarlisle@wareyouthcenter.com	<b>Telephone Number:</b>	318-747-1459

Warden/Superintendent			
<b>Name:</b>	Joey Cox	<b>Title:</b>	Director
<b>Email Address:</b>	joeycox@wareyouthcenter.com	<b>Telephone Number:</b>	318-932-4411 ext 106

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

Facility Health Service Administrator			
<b>Name:</b>	Mattie Wallace	<b>Title:</b>	Nurse
<b>Email Address:</b>	mattiewallace@wareyouthcenter.com	<b>Telephone Number:</b>	318-747-1459

Facility Characteristics	
<b>Designed facility capacity:</b>	24
<b>Current population of facility:</b>	22
<b>Age range of population:</b>	10-17
<b>Facility security level:</b>	Minimum
<b>Resident custody level:</b>	Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	19

AGENCY INFORMATION	
<b>Name of agency:</b>	Ware Youth Center
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	3565 Highway 71, Coushatta, Louisiana - 71019
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Staci Scott	<b>Email Address:</b>	staciscott@wareyouthcenter.com

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The notifications of the upcoming audit were posted throughout the facility at least six weeks prior to the on-site audit. The upcoming and audit postings were mailed to the auditor to verify the postings. The Pre-Audit Questionnaire and supporting documentation were completed using the Online Auditing System. All were completed prior to the on-site portion of the audit which provided time for the auditor's review. There were several telephone calls between the auditor and the PREA Coordinator in reference to the documentation provided which was helpful during the auditing process. The audit for the Johnny Gray Jones Youth Shelter occurred on December 5, 2017. An entrance conference took place on Monday, December 4, 2017. In attendance at the entrance conference were the Executive Director, Assistant Director, PREA Coordinator, the agency PREA Compliance Managers, Medical, Mental Health, Human Resources and administrative staff. The exit interview occurred on December 8, 2017. The audit was conducted by this auditor who was assisted by two additional certified auditors. I hold a probationary certification in juvenile facilities. The two other auditors hold the following certifications; one a dual certification in juvenile and adult facilities and the second probationary certification in juvenile facilities. The auditors helped to conduct interviews and review records and other facility documentation. The auditing team arrived at the facility at 8:00 a.m on Tuesday, December 5, 2017. A complete facility tour was conducted on December 5, 2017. The auditors were granted full access to the facility and grounds. During the tour, the auditor noted 26 facility cameras that assisted and supplemented resident supervision. PREA posters with addresses, telephone numbers for outside support and advocacy for residents; the auditor observed movement of residents throughout the facility and during their normal routines. Youth were observed in class, during leisure time, meals and recreation. The auditor observed the staff postings and positioning, as well as spoke to staff regarding their daily post assignments, routines and supervision practices. Upon completion of the facility tour, residents and staff interviews commence. The team departed the facility at 6:00pm. The exit conference took place on Friday, December 8, 2017 at 9:00am. In attendance at the exit conference was the Executive Director, the Assistant Director, the PREA Coordinator, agency compliance managers and various supervisory and administrative staff. On the day of the audit the total youth population for Johnny Gray Jones Youth Shelter was 17. A total of 10 residents were interviewed to complete 14 interview guides. The oldest and youngest residents were selected for interviews, as well as the residents with the longest and shortest lengths of stay. Other residents interviewed included but were not limited to residents who disclosed prior victimization, Trans-gender, Intersex, Gay, Lesbian and Bi-sexual residents and residents who reported Sexual Abuse. In addition, to the interviews conducted for Agency Head, Assistant Director or designee, PREA Coordinator and PREA Compliance Manager, fifteen (15) staff interviews were conducted: eight (8) randomly selected staff and fifteen (15) specialized staff. The response of staff and residents during their interviews, as well as a review of all residents files and training documentation confirmed that all youth and staff had received PREA training. Staff members were interviewed from all shifts. All seventeen (17) files of the resident population assigned to the facility during the on-site portion of the audit were reviewed to confirm PREA education, screening and re-screening, proper housing assignments based on information from the risk screening and other related information and documentation. A random sampling

of the other facility documentation was reviewed. The sampling included but was not limited to log books, shift reports, incident reports, policies and procedures, training records, logs and curriculum. The audit team successfully completed a telephone call to Project Celebration and spoke with a representative who confirmed twenty-four hour hotline services, one-on-one individual counseling services, hospital advocacy, educational training for residents and staff and access to a forensic nurse. The call was made on December 7, 2017. During the on-site portion of the audit and after its completion, additional documentation was provided upon request.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Johnny Gray Jones Youth Shelter is located on Shed Road in Bossier City, Louisiana. The facility is positioned on two acres of land. Johnny Gray Jones Youth Shelter is located in one building which includes administrative offices, education classrooms, a medical area, two living units, a gymnasium, cafeteria and a visitation area. Residents have access to outdoor recreation space. There is sufficient sunlight into the facility and into the sleeping rooms. The facility is licensed by the State of Louisiana. Security and supervision at the facility is supported by twenty-six (26) video cameras located throughout the interior and exterior of the facility. The facility is a 22- bed shelter offering services to both, males and females between youth between the ages of 10 and 17 years of age. The shelter beds are designed for youth who have committed status offenses and/or for youth who have been abused or neglected. The following services are offered to all youth placed at the facility included: an initial screening by facility staff for health, substance abuse or emotional problems. When the initial screening triggers substance abuse or emotional concerns, the clinical social worker (LCSW) is notified. The social worker provides on-site crisis intervention management. The social worker can also request an evaluation by the staff psychiatrist while the juvenile is incarcerated. The SASSI (Substance Abuse Screening Tool) is used to assess residents to determine substances abuse treatment needs. If a problem is identified, the youth and family or legal guardian is notified and the youth is referred for appropriate mental health treatment/services. Health screening is conducted by the nurse who supervises all medical needs under the direction of a Registered Nurse and Facility Physician. When a health problem is identified, the nurse coordinates care with contractors in medicine and dentistry. Educational services including classroom instruction by certified, Bossier Parrish School Board teachers, five days a week, eleven months a year. Each youth is assessed to determine their academic functioning level, as well as their placement in the appropriate grade based on their school records. Youth from Bossier Parrish are able to participate in their regular classes via electronic distance learning. Youth participate in recreational activities in the gym, as well as an outdoor recreation area. Activities include, basketball, volleyball, soccer, board games, cards and arts and crafts. Religious services are provided on-site by volunteer multi-denominational pastors. A normal day for at the youth Shelter involves hygiene, meals, school, structured physical and leisure activities, and visitation with family. Families are permitted to visit anytime during the week, as well as request special visits. Youth may also receive medical and mental health services including substance abuse counseling.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	2
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.331, 115.332, 115.333,

115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364,

115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382

115. 383 115.386, 115.387, 115.388, 115.389, 115.401. 115.403.



## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Johnny Gray Jones Youth Center Shelter Policy 28.2 mandates zero tolerance of all forms of sexual abuse and sexual harassment and details the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy 28.2 includes the agency's strategies and response to reducing and preventing sexual abuse and sexual harassment of residents. Policy 28.1 includes PREA definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions regarding employees and youth that participate in prohibited behaviors, as well as includes a partnership with law enforcement and the courts to prosecute those involved. The agency's organizational chart reflects the designation of a facility PREA Compliance Manager and an upper level PREA Coordinator. The PREA Coordinator is the Assistant Director who reports directly to the Executive Director. The PREA Coordinator confirmed through the interview process with the auditor that the PREA Coordinator has sufficient time and authority to oversee the agency's efforts to comply with standards.</p> <p>Evidence relied on to make auditor determination:  Johnny Gray Jones Policy 28.01 PREA Definitions  Johnny Gray Jones Policy 28.02  Johnny Gray Jones Residential Pre-Audit Questionnaire  Interviews with Staff  Interviews with Residents  Interview with PREA Coordinator and PREA Compliance Manager  Johnny Gray Jones Organizational Chart</p>

<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>This auditor reviewed both agency contracts entered on or after August 20, 2012. All contracts require the contractors comply with PREA standards and require the agency to monitor the contractor's compliance. Contracts included the contractors obligation to comply with PREA Juvenile Standards. Discussion with both, the PREA Coordinator and the PREA Compliance Manager confirmed the agency's compliance with the standard.</p> <p>Evidence relied on to make auditor determination:  Discussion with PREA Coordinator  Johnny Gray Jones Contracts  Johnny Gray Jones Pre-Audit Questionnaire</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.4 outlines the agency's Staffing Plan. In collaboration with the agency's PREA Coordinator, the Staffing Plan is reviewed annually to determine if adjustments are needed. The facility presented the Annual Staffing Plan. The facility maintains a direct care staff ratio of 1:6 during waking hours and 1:12 during sleeping hours. Policy 28.4 requires that intermediate and higher level staff supervisory and administrators conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Johnny Gray Jones documents all unannounced rounds. A review of the unannounced log sheets were reviewed and found to be in compliance. Unannounced rounds are being conducted and documented on all shifts. Policy prohibits staff from alerting other staff that see supervisory staff conducting unannounced rounds. During the past twelve months, there have been no deviations from the staffing plan. In addition, the facility has a video cameras system to support efforts to protect residents from sexual abuse and sexual harassment.</p> <p>Evidence relied on to make auditor determinaton:  Johnny Gray Jones Pre-Audit Questionnaire  Policy 28.4  Auditor review of unannounced round log sheets  Video camera reviews  Annual Staffing Plans  Interview with PREA Coordinator  Interview with Compliance Manager  Interviews with staff</p>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.5 addresses compliance with this standard. Policy 28.5 prohibits cross gender pat and/or strip searches. Policy 28.5 states that visual body cavity searches will only be conducted by the nurse. During the last twelve months, there were no cross-gender strip or visual body cavity searches and no cross-gender searches of residents conducted. All searches were conducted by staff of the same gender. Policy prohibits searching or examining a transgender or intersex resident for the sole purpose of determining the residents genital status. Policy states that residents have access to showering, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing. All staff of the opposite gender announce their presence when entering resident housing units or other areas where residents are likely to shower or perform bodily functions or change clothes. Interviews with both, staff and residents confirmed these practices are in place, as well as observations during the audit tour confirmed the practice of opposite gender announcements. All direct care staff have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a respectful and professional manner. Interviews with staff and residents support compliance to this practice as outlined by policy.</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Policy 28.5</li> <li>Johnny Gray Jones Pre-Audit Questionnaire</li> <li>Interviews with staff and residents</li> <li>Training sign in sheets and curriculum</li> <li>Interview with PREA Coordinator</li> <li>Observations during the on-site portion of the Audit</li> </ul>

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.6 requires that residents with disabilities or who are limited English proficient are provided and have meaningful access to all aspects of the facility's efforts to prevent protect and respond to sexual abuse and sexual harassment. Policy 28.6 prohibits the use of resident interpreters, resident readers or other types of resident assistants. The facility has a memorandum of understanding with an outside organization for the provision of services to youth who are deaf or hard of hearing, as well as youth with limited English proficiency that have reported sexual abuse and harassment. Various forms are available to youth in both English and Spanish and PREA posters and information is also posted in English and Spanish throughout the facility. There has been no youth with disabilities during the last twelve months.</p> <p>Evidence relied on to make auditor determination:  Johnny Gray Jones Pre-Audit Questionnaire  Policy 28.6  Review of various forms translated into Spanish  Interview with staff and residents  Interview with PREA Coordinator  Observations of Auditor during the on-site portion of the audit</p>

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.7 requires criminal background screening for all new hires and contractors. Policy 28.7 requires consulting with Louisiana Central Registry before hiring or enlisting services of any contractors who has contact with residents. Policy 28.7 requires criminal background checks be conducted every five years or have a system in place to capture this information. The facility is required to ask all applicants about previous misconduct. Omission regarding sexual misconduct is grounds for termination. Interviews with Human Resource personnel, staff and hiring and promotion decisions confirm compliance with this standard.</p> <p>Evidence relied on to make auditors determination:  John Gray Jones Pre-Audit Questionnaire  Interview with Human Resource Personnel  Interview with staff  Interview with PREA Coordinator  Review of PREA Mandated Disclosure Form</p>

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Johnny Gray Jones has 26 cameras video monitoring system. The video monitoring system has the capability to retain video footage for a period of 30 days. The existing video monitoring system has not been expanded or upgraded since August 20, 2012. The 26 cameras to supplement supervision and monitoring of residents.</p> <p>Evidence relied on to make auditor determination:  Johnny Gray Jones Pre-Audit Questionnaire  Observations of the Auditor during the on-site tour  Observations of the Auditor during video review  Interview with PREA Coordinator  Interview with Superintendent</p>

115.321	<p><b>Evidence protocol and forensic medical examinations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 28.9 addresses compliance to this standard, as well as other requirements to include: the facility's responsibilities for investigating allegations of sexual abuse by following uniform evidence protocols that maximize the possibility for obtaining usable physical evidence. Policy 28.9 requires that forensic medical examinations be completed at no financial cost to the victim and that the exams be conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners at the Willis Knighton Bossier Hospital. This information is supported by a Memorandum of Understanding (MOU) with Forensic Nurse Examiners of Louisiana. In addition, the facility has a MOU with Project Celebration Sexual Assault Center to provide victim advocacy services to include escorting the victim to the forensic examination, individual counseling services, a crisis hotline, and training for both staff and residents. This was confirmed when the auditor communicated with a Project Celebration administrator via the telephone. The facility also presented a MOU with Bossier City Police Department (BCPD) which documents the BCPD agreement to follow the guidelines related to PREA investigations. The facility has staff that have received specialty training and are certified in sexual assault victim advocacy. Policy 28.9 direct staff to cooperate with all sexual abuse investigations. There have been no forensic examinations or medical exams conducted during the past twelve months. is audit</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Johnny Gray Jones Pre-Audit Questionnaire</li> <li>Telephone interview with Project Celebration</li> <li>Policy 28.9 coordinator</li> <li>Interview with prea staff</li> <li>Interview with</li> <li>Review of the National Protocol for Sexual Assault Medical Forensic Examinations</li> <li>Memorandum of Understanding with Bossier Police Department</li> <li>Memorandum of Understanding with Project Celebration</li> </ul>
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115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.10 requires immediate referral of all sexual abuse allegations to Bossier City Police Department. Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Bossier City Police Department conducts all criminal investigations. Administrative investigations may be conducted by Johnny Gray Jones, the Louisiana Office of Juvenile Justice and Child Protective Services. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigations. Interviews conducted with facility staff and PREA Coordinator verified their knowledge of the policy requirements to report incidents of sexual abuse and sexual harassment. During the twelve months, there were no allegations of sexual abuse reviewed by the facility had no allegations of sexual abuse or harassment.</p> <p>Evidence relied on to make auditor determination:</p> <p>Policy 28.10  Johnny Gray Jones Pre-Audit Questionnaire  Review of the agency website: <a href="http://www.wareyouthcenter.com/PREA.php">http://www.wareyouthcenter.com/PREA.php</a>  Interview with staff  Interview with PREA Coordinator</p>



115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.11 outlines the agency requirements for staff training. The training curriculum, staff training records and staff interviews indicates staff received PREA training during their initial first year and annual refresher training thereafter. The training curriculum included the following trainings: the agency's zero tolerance policy, staffs responsibility related to preventing, detecting, reporting and respond procedures; the resident rights to be free from sexual abuse or sexual harassment; dynamics of sexual abuse and sexual 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 resident; communicating professionally and respectfully with residents, including residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; laws regarding the applicable age of consent. The training was consistent with all elements of the standard. All employees and contractors are trained as new hires regardless of their previous experience. Staff training records were reviewed and staff interviews verified staff knowledge of their responsibilities related to PREA standards.</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Policy 28.11</li> <li>Johnny Gray Jones Pre-Audit Questionnaire</li> <li>Review of Training curriculum</li> <li>Agency's training records</li> <li>Interview with Residents</li> <li>Interviews with Staff</li> </ul>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Johnny Gray Jones volunteers and contractors are provided a manual created specifically for them which outline their PREA responsibilities and expectations. The volunteer manual has a section that relates especially to PREA. Contractors and volunteers are required to review the manual and ask questions regarding the PREA information included in the manual. A prepared document outlines information concerning PREA and the accompanying responsibilities, Contractors and volunteers acknowledge their understanding of the information. The document includes information regarding the agency's zero tolerance policy, information on how to report incidents of sexual contact. The agency requires this document is signed, dated and retained by the facility. Twenty-five contractors and volunteers have been trained.</p> <p>Evident relied on to make auditor determination:  Review of contractor and volunteer signature  Johnny Gray Jones Pre-Audit Questionnaire  Review of Volunteer and Contractor Manual  Interview with PREA Coordinator</p>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.13 states that at intake the facility will provide age appropriate information in a fashion to include: the agency's zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse and sexual harassment. The facility case manager and/or intake staff will review the information with the residents. Residents are required to sign receipt of the information. The procedure requires that within ten days of intake resident receive additional PREA training information. The training is comprehensive and age appropriate. It includes information on the resident's right to be free from sexual abuse and sexual harassment, the resident rights to be free from retaliation for reporting incidents of sexual abuse and sexual harassment; the agency's policy and procedures related to responding to incidents of sexual abuse and sexual harassment. The PREA information is presented in a manner that is accessible to all residents. During the interview with the resident, the resident PREA signature was reviewed and confirmed by the resident. All resident interviewed reported receiving PREA information on their first day of arrival and periodically thereafter. During the tour of the facility PREA posters and reporting instructions were posted throughout the facility. The facility has staff and an agreement to provide translation services, as well as hearing and visual impairment services for residents with disabilities or who may have limited English proficiency. All resident records were reviewed to confirm the presence of completed documentation.</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Policy 28.13</li> <li>Review of resident education materials</li> <li>Review of all residents' file</li> <li>PREA Poster displayed throughout the facility</li> <li>Interview with Residents</li> <li>Interview with Staff</li> <li>Interview with the PREA Coordinator</li> <li>Documentation of resident signature page</li> </ul>

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Johnny Gray Jones does not conduct criminal sexual abuse investigation, nor do they employ investigators. Bossier City Police Department conducts all criminal investigations. The police investigator have been trained on conducting sexual abuse investigations. Documentation of the completed training by the investigator is maintained by the Bossier City Police Department.</p> <p>Evidence relied on to make auditor determination:  Johnny Gray Jones Pre-Audit Questionnaire  Interview with PREA Coordinator  Interview with Excutive Director  Policy 28.29</p>

<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 28.14 addresses this standard's compliance. The agency ensures training and education of all Medical and Mental Health staff. Documentation shows that medical and mental health staff have completed on-line specialized training through the National Institute of Corrections and the compliance documentation is maintained by the facility. The facility nurses do not conduct forensic medical examinations. However, the facility does transport victims of to the hospital for treatment by SAFE or SANE medical professionals . Interviews with the nurse and facility leadership support the documentation presented. The nurse and mental health staff have been trained as required by policy.</p> <p>Evidence relied on to make audit determination:  Policy 28.14  Johnny Gray Jones Pre-Audit Questionnaire  Interview with Medical and Mental Health staff  Interview with PREA Coordinator  Review of specialized training certifications for all medical and mental health staff .</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.15 addresses this standard's compliance. The policy requires designated staff to obtain information about residents' personal history and behavior to screen and assess residents for the potential risk of sexual victimization and abusiveness is completed on all residents within 72 hours of intake and periodically throughout their confinement. The risk assessment is conducted using an objective screening tool. All youth admitted during this PREA auditing period were screened. A review of every youth record confirmed that the screening for risk of sexual abuse victimization and sexual abusiveness toward other residents is being conducted.</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Policy 28.15</li> <li>Johnny Gray Jones Pre-Audit Questionnaire</li> <li>Review of screening for all residents.</li> <li>Review of screening tool</li> <li>Observations made during the on-site portion of the audit</li> <li>Interviews with residents</li> <li>A review of youth records</li> <li>Interview with case manager and social worker</li> <li>Interview with PREA Coordinator</li> </ul>

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.16 addresses compliance with this standard. Policy prohibits considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator of likelihood of being sexually abuse. Policy 28.16 prohibits placing LGBTI residents into a particular housing, bed, or other assignments solely on the basis of such identification or status. Furthermore, policy states that residents may only be isolated from other residents as a last resort and then only when less restrictive measures have been deemed inadequate to keep them and other residents safe and only until more appropriate alternatives can be arranged. There have been no residents placed in isolation during this PREA period for being at risk of sexual victimization. A review of resident files revealed youth currently at the facility that require high or moderate supervision as a result of the assessment were properly assigned.</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Policy 28.16</li> <li>Johnny Gray Jones Pre-Audit Questionnaire</li> <li>Review of Vulnerability Assessment documentation</li> <li>Interview with PREA Coordinator</li> <li>Interview with Staff</li> <li>Interviews with Residents</li> <li>Auditor observation of physical plant</li> </ul>

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.17 addresses compliance to this standard. This policy provides multiple internal ways a resident may report allegations of sexual abuse, sexual harassment, retaliation for reporting sexual abuse or sexual harassment and staff neglect or other violations that may have contributed to abuse. Resident's may report to staff, use the grievance process, call the office of Juvenile Justice (OJJ) hotline or a third party can report the allegation. Residents can also call the rape crisis hotline to report sexual abuse. Resident detained solely for civil immigration purposes will be provided with information on how to contact relevant officials. Residents receive reporting information during Intake and in the resident handbook. Reporting information is posted throughout the facility next to the telephone to assist residents making reports using the telephone. Interviews with staff and residents support an understanding of the process and compliance with the standard. Observations made during the tour confirmed the posting of information for residents. This auditor tested the telephone by calling the OJJ hotline, telephone was operational with positive results. In addition to interviews, observations made during the tour confirmed the proper posting of information for residents.</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Policy 28.17</li> <li>Johnny Gray Jones 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 PREA Coordinator</li> </ul>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.18 addresses compliance to this standard. The facility has an administrative process for responding to resident grievances. Grievance forms are available next to the grievance box and checked regularly by Management staff. A locked box is located in the housing area and is accessible to the residents. Residents are not required to use an informal grievance process or to attempt to resolve with staff alleged instances of sexual abuse. Resident receive this information at Intake, as well as, the information is included in the resident handbook outlines the grievance process. Policy 28.18 states that residents will not be referred to the staff who is the subject of the complaint. In addition, policy states that there is no time limit for a resident to submit a grievance regarding all allegation of sexual misconduct. Policy states that decisions on the merit of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. There were no grievances alleging sexual abuse, nor were there any regular or emergency grievances alleging a substantial risk of imminent sexual abuse during this PREA auditing period.</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Policy 28.18</li> <li>Johnny Gray Jones Pre-Audit Questionnaire</li> <li>Interviews with Staff</li> <li>Interviews with Residents</li> <li>Interview with PREA Coordinator</li> </ul>



115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.19 addresss compliance with this standard. A MOU with Project Celebration Inc. provides for outside victim advocacy services. A review of the MOU states that the services include education and training for both residents and staff, individual counseling services, and referral services for victims. The advocacy services were confirmed through interviews with staff and a telephone conversation with staff from Project Celebration Inc. Interviews with the residents confirmed that they knew how to contact Project Celebration Inc. if needed. Residents were also knowledgeable regarding the services provided. Staff and resident confirmed that youth have reasonable access and that access is provided in a confidential manner. Residents have access to their attorney and/or other legal representation, as well as parents and legal guardians. Parents and guardians are permitted to visit. Special visitations may be scheduled on weekends. Staff ad resident interview confirmed that residents have reasonable access and that and access is provided in as confidential manner, as possible. Interviews with residents and staff confirm that residents have access to their attorneys, other legal representation, parents and legal guardians. Residents reported they were able to make telephone calls, send and receive mail from parents.</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Policy 28.19</li> <li>Conversation with Project Celebration</li> <li>Interviews with Residents</li> <li>Interview with staff</li> <li>Memorandum of Understanding with Project Celebration</li> <li>Observations of the auditor made during the facility tour</li> </ul>

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Johnny Gray Jones operates under Ware Youth Center's. Ware Youth Center's website <a href="http://www.wareyouthcenter.com/PREA.pp">http://www.wareyouthcenter.com/PREA.pp</a> provides the public with information regarding third-party reporting of sexual abuse and sexual harassment on behalf of a resident. Staff and resident interviews revealed all were aware of a youth's right to report sexual abuse and sexual harassment to a trusted staff or others outside the facility including their parents and/or legal guardian, victim advocacy agencies and attorneys. During staff interviews the responses indicated that staff understood the requirement to immediately report and document all allegations of sexual abuse and sexual harassment. Staff and resident were able to provide various ways of third parties, including parents, guardians, trusted adults and attorneys.</p> <p>Evidence relied on to make auditor determination:  Johnny Gray Jones Pre-Audit Questionnaire  Ware Youth Center website  Interviews with Staff  Interviews with Residents  Interview PREA Coordinator</p>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.21 addresses compliance with this standard. All facility staff are mandated reporters and required by policy to immediately report any knowledge, suspicion or information received regarding sexual abuse and/or sexual harassment that occurred at the facility whether or not it is part of the agency; retaliation against residents and/or staff who report incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy also requires all staff to comply with mandatory child abuse reporting laws. 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 security and/or management decisions. Interviews with staff confirm compliance with standard 28.21.</p> <p>Evidence relied on to make auditor determination:  Policy 28.21  Johnny Gray Jones Pre-Audit Questionnaire  Interviews with Staff  Interviews with Residents  Interview with PREA Coordinator</p>

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.22 requires that the facility take immediate action to protect a resident when he/she has been identified as being subject to substantial risk of imminent sexual abuse to include placing the resident under constant staff supervision until the risk has been eliminated. There were no residents identified as being at risk for sexual abuse in the last twelve months. Interviews with staff confirmed adherence to policy. The interviews indicate that staff take all allegations seriously and immediately protect the resident.</p> <p>Evidence relied on to make auditor determination:  Policy 28.22  Johnny Gray Jones Pre-Audit Questionnaire  Interview with Staff  Interview With PREA Coordinator</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.23 addresses compliance with this standard. Policy 28.23 requires the Director to notify the head of the other facility and the Department of Children and Family Services within 72 hours of an allegation that a resident was sexually abused while confined at another facility. During the last twelve months, there were no allegations reported that a resident was abused while placed at another facility. This was confirmed an interview with the facility Director.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.24 requires staff to take immediate and specific steps to respond to a report of sexual abuse including; separating the alleged victim from the perpetrator; preserving any crime scene within a period of time that allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence. During this PREA auditing period, there have been no allegations of sexual abuse. In addition, interviews with staff revealed that staff have possess a clear understanding of the actions to be taken upon learning that a resident was sexually abuse.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.25 addresses compliance with this standard by outlining a written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care professionals and facility leadership. The plan was reviewed and complies with this standard. Interviews with the Director and staff reveal that they are knowledgeable of their duties and responsibilities in response to an allegation of sexual abuse and the facility's Coordinated Response Plan.</p> <p>Supporting documentation  Coordinated Response Plan  Interview with staff  Interviews with administrators</p>

<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>Johnny Gray Jones (parent agency-Ware Youth Center) is not a collective bargaining agency, therefore this is not applicable to this facility.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.27 addresses compliance with this standard. Policy requires that the facility Program Manager is responsible for ensuring the protection of residents and staff who report sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The agency has multiple protection measures to employ its efforts to protect staff and residents. Policy outlines that the monitoring will occur for a period of 90 days and longer, if needed. Ther program Manager has the responsibility of monitoring retaliation. During this PREA auditng period, there have been no incidents of retaliation.</p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.27 addresses compliance with this standard. Johnny Gray Jones only restricts a resident to a room as a last measure to keep a resident safe who has alleges sexual abuse safety and then only until a more appropriate alternative mean to keep the resident safe can be arranged. During this PREA auditing period, there have been no resident allegations of sexual abuse. Therefore, post-allegation protective isolation has not been required.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Johnny Gray Jones Policy 28.29 requires that criminal investigations be conducted by the Bossier City Police Department. The agency does not terminate an investigation solely because the victim recants the allegation. Administrative investigations are documented and forwarded to law enforcement, if substantiated. Policy requires that staff cooperate with all investigations. The agency retains all written reports pertaining to administrative or criminal investigations as long as the abuser is incarcerated. There have been no substained sexual abuse incidents during this PREA auditing period.</p> <p>Evidence relied on to make auditors determination:  Policy 28.29  Johnny Gray Jones Pre-Audit Questionnaire  Interview with PREA Coordinator</p>

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency policy 28.29 demonstrates compliance to this standard. Policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative investigations.</p> <p>Evidence relied on to make auditor determination:  Policy 28.29  Johnny Gray Jones Pre-Audit Questionnaire  Interview with PREA Coordinator</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.30 requires that after an allegation of sexual abuse, has been made by the victim, the resident shall be informed verbally or in writing whether the allegation was substantiated, unsubstantiated or unfounded and all such notifications and attempts be documented. No investigations into allegation of sexual abuse (criminal or administrative) were completed by agency in the last twelve months nor have there been any substantiate or unsubstantiated complaints of sexual abuse committed by staff members against a resident.</p> <p>Evidence relied on to make auditor determination:  Interview with PREA Coordinator  Policy 28.30  Johnny Gray Jones Pre-Audit Questionnaire  Interviews resident</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's policy 28.31 outlines the disciplinary sanctions related to violations of PREA policies by staff which includes disciplinary sanctions up to and including termination for violating the agency's sexual abuse and harrassment policy. The policy specifically states that the presumptive disciplinary sanction for staff who engage in sexual abuse will be termination . In the past twelve months, there has been no staff terminated or have resigned for violating the facility's PREA policy.</p> <p>Evidence relied on to make auditor determination:  Policy 28.31  Johnny Gray Jones Pre-Audit Questionnaire  Interview with PREA Coordinator</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.32 states that the agency will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any violation of the agency sexual abuse or sexual harassment policies by a contractor or volunteer. Any contractor or volunteer who engages in sexual abuse of residents will be referred to law enforcement and the Department of Children and Family Services Licensing Division. The policy requires that contractor's and/or volunteers are prohibited from having sexual contact with residents. During this PREA auditing period, no contractor or volunteer has been reported to law enforcement or any other agency for allegations of sexual abuse.</p> <p>Evidence relied on to make auditor determination:  Policy 28.32  Johnny Gray Jones Pre-Audit Questionnaire  Interview with PREACoordinator</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.33 states that residents may receive disciplinary sanctions only in pursant to a formal disciplinary process following an administrative finding the resident engaged in resident -on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse; additionally residents may receive disciplianry sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the youth disciplinary history and sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results is the isolation of a resident, resident shall not be denied daily large muscle exercise or access to any legal required educational programming or special services. Residents that engage in resident-on-resident sexual abuse are arrested and placed in detention. Disicplary sanctions resulting in isolation requires daily visits from medical or mental health care. Residents also have access to other programs and work opportunities to te extent possible. The agency prohibits sexual activity between residents and discipline residents for such actions. In the past twelve months there have been no residents placed in ioslation as a disciplinary sanction for resident-on-resident sexual abuse. There were no administrative or criminal findings of guilt for resident -on-resident sexual abuse in the past tweleve months.</p> <p>Evidence relied on to make auditor determination:  Policy 28.33  Johnny Gray Jones Pre-Audit Questionnaire  Interview with PREA Coordinator</p>



115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.34 supports compliance with this standard. Resident who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical and/or mental health professional within 14 days of the intake screening that information is only shared with staff that need to know for treatment needs and safety security concerns. The facility does not house youth over the age of seventeen years of age, therefore no informed consent is required. Staff interviews confirmed compliance. In the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with medical and/or mental health practitioner is 100%. Mental health staff maintains secondary materials documenting compliance. Interviews with staff confirmed compliance to this standard.</p> <p>Evidence relied on to make auditor determination:</p> <p>Policy 28.34  Johnny Gray Jones Pre-Audit Questionnaire  Auditor review of documentation  Interviews with medical and mental health staff  Interview with PREA Coordinator</p>

<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 28.35 states requires that residents victims of sexual abuse receive timely, unimpeded access to emergency medical treatment shall have timely and unimpeded access to emergency medical treatment, crisis intervention services and victim services. The nature and scope of the services will be determined by medical and mental health practitioners based on their professional judgement. 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 of the incident is reported; and provision of appropriate information and services concerning contraception and sexually transmitted infection prophylaxis. Treatment services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising from the incident. Resident victims will be afforded a forensic examination at no cost.</p> <p>Evidence relied on to make auditor determination:  Policy 28.35  Johnny Gray Jones Pre-Audit Questionnaire  Interview with Medical staff  Interview with PREA Coordinator</p>

<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>Policy 28.36 addresses compliance with this standard. The policy provides for ongoing medical and mental health care for victims of sexual abuse and the abusers. In addition, policy provides for appropriate test to be provided and that the facility will attempt to obtain a mental health evaluation with 60 days of learning of resident -on-resident abusers and offer treatment, as deemed appropriate by a mental health practitioner. Johnny Gray Jones has entered into a Memorandum of Understanding (MOU)with Project Celebratio who will provide emergency medical and legal advocacy to victims of sexual assault. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Evidence relied on to make auditor determination:  Policy 28.36  Johnny Gray Jones Pre-Audit Questionnaire  Interview with Medical staff  Interview with PREA Coordinator</p>



115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Johnny Gray Jones Policy 28.37 outlines compliance to this standard. Policy 28.37 provides information regarding the incident review team's role. Policy 28.37 details the make-up of the sexual abuse incident review team members and the areas the team is to consider in the teams assessments of sexual abuse incidents. Interviews with the sexual abuse incident review team members revealed the team members understanding of their role, the process and the purpose of the sexual abuse incident review team. Policies requires the facility conduct a sexual abuse incident review at the conclusionof every sexual abuse investigation, unless the allegation has been determined to be unfounded. The sexual abuse incident review team is comprised of upper-level management staff and allow for the input of supervisors, investigators and medical and mental health professionals. The facility prepares a report of its finding from sexual abuse incidents reviews and makes recommendations for improvements or doucments its reasons for not doing so. Interviews with staff that make up the facility sexual abuse incident review team, as well as the Executive Director revealed that the team understands the purpose of the incident review team and the process in which sexual abuse incidents reviews will be reviewed. During this auditng period, there have been no investigations, criminal or administrative investigations of alleged sexual abuse completed at the facility that required an incident review team meeting, excluding unfounded incidents.</p> <p>Evidence relied upon to make auditor determine:  Policy 28.37  Johnny Gray Jones Pre-Audit Questionnaire  Interviews with incident review team members  Interview with the PREA Coordinator</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Johnny Gray Jones Policy 27.38 details the agency's efforts and protocol for compliance to this standard. Johnny Gray Jones falls under the Ware Youth Center. Ware Youth Center collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, to include Johnny Gray Jones, using a standardize 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 Abuse Violence (SSV) conducted by the Department of Justice. Ware will maintain, review and collect data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews. The agency does not contract for the confinement of its residents. The Department of Justice has not requested data from the previous clander year.</p> <p>Evidence relied on to make auditor determination:</p> <ul style="list-style-type: none"> <li>Policy 27.38</li> <li>Johnny Gray Jones Pre-Audit Questionnaire</li> <li>Interview with Executive Director</li> <li>Interview with PREA Coordinator</li> </ul>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 28.38 addresses compliances to this standard. Johnny Gray Jones 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 a on-going basis and preparing an annual report of its finding from its data review and any corrective actions for the facility and agency as a whole.</p> <p>The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment progress in addressing sexual abuse. The report shall be approved by the Executive Director and made readily available to the public through the agency website: <a href="http://www.wareyouthcenter">http://www.wareyouthcenter</a>. Ware 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 Johnny Gray Jones, but in doing so will indicate the nature of the material redacted. A review of documentation and interviews with the Executive Director and the PREA Coordinator confirms.</p> <p>Evidence relied on to make auditor determination:  Policy 28.38  Johnny Gray Jones Pre-Audit Questionnaire  Interview with PREA Coordinator  Interview with Executive Director</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Johnny Gray Jones Policy 28.40 requires that the agency ensures that the incident-based and aggregate data are securely retained. Before making aggregated sexual abuse data publicly available the agency reviews and removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to standard 115.387 for 10 years after the date of initial collection unless Federal, state, or local laws require otherwise. Interviews with the Executive Director and PREA Coordinator along with policy demonstrates compliance with standard.</p> <p>Evidence relied on to make auditor determination:  Policy 28.40  Johnny Gray Jones Pre-Audit Questionnaire  Interview with Executive Director  Interview with PREA Coordinator</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	All WARE facilities which includes Johnny Gray Jones were audited prior to the end of the first audit cycle which ended August 19, 2016.
	Evidence to support auditors determination: Ware Youth Center Website Ware Youth Center Audits for all facilities, posted on the website Interview with Executive Director Interview with PREA Coordinator

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	All WARE facilities were audited prior ro the end of the first audit cycle which ended August 19, 2016. All final audit reports are properly, publicly posted on the agency website.
	Evidence relied to make auditor determination: Ware Youth Center Group Website Ware Youth Center Audits for all facility, posted on the website Interview with Executive Director Interview with PREA Coordinator

## Appendix: Provision Findings

115.311 (a)	<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

115.311 (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

115.311 (c)	<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.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.312 (a)	<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.)	yes



<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".)	yes

<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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes

115.315 (a)	<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

115.315 (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

115.315 (c)	<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

115.315 (d)	<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

115.315 (e)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	<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

115.317 (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



115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<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

115.321 (c)	<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

115.321 (d)	<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

115.321 (e)	<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

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	<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.)	na

115.322 (a)	<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

115.322 (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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes



<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

<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).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

<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) 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?	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?	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?	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?	yes

<b>115.335 (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.)	no

<b>115.335 (c) 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?	yes

<b>115.335 (d) 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?	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?	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

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	<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

115.341 (e)	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	<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

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes



115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

115.351 (c)	<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

115.351 (d)	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (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

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	<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

115.352 (g)	<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

115.353 (a)	<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

115.353 (b)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes



115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	<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

115.364 (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

115.365 (a)	<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

115.366 (a)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	<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

115.367 (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

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	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?	no

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes



<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	<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

115.377 (a)	<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

115.377 (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

115.378 (a)	<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

115.378 (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

115.378 (c)	<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

115.378 (d)	<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

115.381 (c)	<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

115.381 (d)	<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

115.382 (a)	<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

115.382 (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

115.382 (c)	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<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.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes



<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

<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

115.388 (a)	<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

115.388 (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

115.388 (c)	<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

115.388 (d)	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a)	<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 three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes