

PREA Facility Audit Report: Final

Name of Facility: Ware Youth Center Residential

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/22/2021

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"/>
Auditor Full Name as Signed: Johnitha Rothell McNair	Date of Signature: 01/22/2021

AUDITOR INFORMATION	
Auditor name:	McNair, Johnitha
Email:	johnitha@comcast.net
Start Date of On-Site Audit:	12/02/2020
End Date of On-Site Audit:	12/04/2020

FACILITY INFORMATION	
Facility name:	Ware Youth Center Residential
Facility physical address:	3565 Highway 71, Coushatta, Louisiana - 71019
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Yasheca Gardner
Email Address:	yashecagardner@wareyouthcenter.com
Telephone Number:	318-932-4411 ext 164

Superintendent/Director/Administrator	
Name:	Joey Cox
Email Address:	joeycox@wareyouthcenter.com
Telephone Number:	318-932-4411 ext 100

Facility PREA Compliance Manager	
Name:	Ann Williams
Email Address:	annwilliams@wareyouthcenter.com
Telephone Number:	O: (318) 932-4411 x140

Facility Health Service Administrator On-Site	
Name:	Debbie Vascocu
Email Address:	debbievascocu@wareyouthcenter.com
Telephone Number:	318-932-4411 ext 143

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	34
Average daily population for the past 12 months:	36
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-18
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	45
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

Agency-Wide PREA Coordinator Information			
Name:	Staci Scott	Email Address:	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 audit of the Ware Youth Center Residential Program took place on the dates of December 2 – 4, 2020. Notifications of the audit were posted throughout the facility at least six weeks prior to the on-site portion of the audit and photos of the audit notices were emailed to the auditor to demonstrate compliance. The Pre-Audit Questionnaire along with supporting documentation were uploaded to the Online Audit System (OAS) prior to the on-site portion of the audit. There were several phone calls between the auditor and key facility staff in reference to the online auditing system, the upcoming audit and safety measures and precautions to be taken due to the pandemic. The auditor arrived each morning and met with the Assistant Director and PREA Coordinator to organize and coordinate safe efforts. An entrance conference was held on the morning of December 2, 2020 with the auditor, the Assistant Director and the PREA Coordinator. A tour of the facility including all occupied housing units, the school and dining areas, medical, mental health, and the gymnasium, as well as the outside areas adjacent to the housing units was conducted prior to any interviews. During the tour, staff members were observed to be posted in positions which provided for optimum sight and sound supervision of residents. Additionally, sight supervision was supported by a camera system that is monitored by staff and supports play-back and recording. During the tour, staff members were observed to be posted in positions which provided for optimum sight and sound supervision of residents. Each program manager has the ability to monitor cameras from their offices. The Assistant Director has the ability to monitor cameras to ensure proper posting of staff, safe interactions of residents, and for incident review and investigatory purposes.

Ten randomly selected residents were interviewed, and four targeted resident interviews were conducted. Ten randomly selected staff and 17 specialized staff were interviewed during the on-site portion of the audit. The responses of staff and residents during their interviews and a review of training records and case files confirm that all had received the required education and training. Staff members across all shifts were interviewed. All interviews took place during the day with night shift staff reporting early to be interviewed. File review confirmed that resident assessments and education had taken place within the required time frames. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to logbooks, shift reports, incident reports, policies and procedures, training records, handbooks, grievances, investigations, and incidents, PREA training curriculum and video surveillance footage. PREA posters, Hotline information and addresses and phone numbers to investigatory bodies and outside support services were posted and accessible to residents on all of the housing units, and throughout the facility. All areas of the facility were well lit and furnished in a way to promote optimal sight supervision. Staff were properly posted and alert, even when they were not aware of the auditor's observation and as seen during review of the cameras.



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.

The Ware Youth Center is located approximately 3 ½ miles outside the town of Coushatta in Red River Parish, State of Louisiana on US Highway 71. Red River Parish is in the northwestern quadrant of the state; and Coushatta, the parish seat, is 25 miles east of Mansfield, 32 miles northwest of Natchitoches and 52 miles southeast of Bossier City. The facility is uniquely positioned on 125 acres that adds significant artistic value to the rural setting. Ware Youth Center is comprised of eight buildings which include living units, gymnasium, cafeteria, medical suite, education area, maintenance shop and training facility. The youth have access to outside recreation and green space. The facility is accredited by the American Correctional Association and licensed by the State of Louisiana. Ware Youth Center is also a member of the American Correctional Association (ACA) and the Correctional Accreditation Managers' Association (CAMA). The center is comprised of intensive residential and a group home component. The layout

Security and supervision are heightened and supported by a video monitoring system with cameras located throughout the interior and exterior of the facility.

The Ware Youth Center Intensive Residential is a 24-bed program for female residents. Group Home/Treatment is a 22-bed program for males and females. The program has 10 female group home beds, 6 female substance abuse/treatment beds, 6 male substance abuse/treatment beds. Ages of youth at the facility range between 10 and 17. The living units were well lit and provided clear sight lines for supervision and monitoring. The units were furnished with modern furnishings, carpeting and space for group activities as well as individual spaces for residents were decorated, bright and welcoming. The residents are allowed to decorate and individualize their areas with colorful drawings, pictures, posters, vision boards and colorful youth-inspired bedding and pillows. Each unit had a library stocked with books, games, puzzles, and activity books for the residents. The facility provides direct supervision of youth in a safe, secure, and humane environment at a 1:6 staff to resident ratio during waking hours and 1:12 staff to resident ration at night. Services for youth include education, recreation, arts and crafts, mental health, and somatic health care. Educational services are provided by Louisiana Department of Education. Direct care staff remain posted in the school area to ensure proper supervision during service provision. Recreation may take place in the green space outside of the housing unit; or in the gymnasium; supervision rations are maintained during recreation. Meals are prepared fresh each day by dining hall staff and residents are served hot and fresh meals in a brightly lit cafeteria with modern furniture. Residents are served food by going through a serving line where they interact with dining staff briefly during meal service. Residents are supervised by security staff during the meal service. Ratios are maintained and sight supervision is constantly maintained. A typical day for a youth involves hygiene, meals, school, structured physical and leisure activities, psycho-educational groups, and activities; and visits from family, attorneys, social services, and other professionals. On a typical day youth may also receive medical and mental health services including substance abuse counseling. During all service provision, support staff interact and engage with residents; while security staff are posted to provide coverage in keeping with the PREA standards. The average length of stay for residents is approximately 139 days.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	1
Number of standards met:	42
Number of standards not met:	0

The facility exceeded in Supervision and Monitoring standard 115.313.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.2 details the Department’s approach to implementing the Federal PREA standards; the policy mandates zero tolerance of all forms of sexual abuse and sexual harassment. The policy requires the designation of a PREA Coordinator and states who may be designated as the PREA coordinator. The agency organizational chart reflects the designation of both a PREA coordinator and PREA manager. The PREA Coordinator is a manager who reports to the Assistant Director of the facility. The current supervisory structure supports the agency's efforts to comply fully with the PREA standards. The PREA Coordinator confirmed through the interview process with the auditor that there is sufficient time and authority to develop, implement and oversee efforts to comply with the PREA standards. Policy 27.1 provides the required PREA definitions. Policy 15.8 outlines the agency’s approach to implementing PREA standards as well as the guidelines and procedures for guidelines for implementing the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It also addresses conduct and performance, contains prohibited behaviors for staff, and includes sanctions for employees and youth who have participated in the prohibited behaviors.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • PREA and Agency policies • Organizational Chart • Interviews with PREA Coordinator • Interview with PREA Compliance Manager • Interview with Director • Interview with Agency Head/designee

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. Included in the contracts is the entity's obligation to adopt and comply with the PREA standards. The agency entered into or renewed eight contracts with private entities or other government agencies on or after August 20, 2012 or since the last PREA audit. All of the contracts require that the agency is monitored for compliance with the PREA standards.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with Assistant Director • Interview with Agency Head/designee

115.313	Supervision and monitoring
	<p data-bbox="252 170 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 1346">The facility presented the Annual Staffing Plan; the plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the facility has taken into consideration the following factors: (1) generally accepted juvenile detention and correctional/secure residential practices; (2) any judicial findings of inadequacy; (3) any findings of inadequacy from Federal investigative agencies; (4) any findings of inadequacy from internal or external oversight bodies; (5) all components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated; (6) the composition of the resident population; (7) the number and placement of supervisory staff; (8) institution programs occurring on a particular shift; (9) any applicable State or local laws, regulations, or standards; (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) any other relevant factors. Further, the facility maintains a staff to resident ratio of 1:6 during waking hours and 1:12 during sleeping hours. These ratios only include security staff. During the past twelve months, there have been no deviations from the staffing plan. In addition to direct supervision of residents, the facility is equipped with a video monitoring system that support efforts to protect residents from sexual abuse and sexual harassment. The auditor was able to observe staff postings during waking and sleeping hours, as well as the use of the camera system to supplement supervision and monitoring; including playback of data and captured video. The agency requires intermediate and higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment; these rounds are required for night shifts as well as day shifts. Policy prohibits staff from alerting other staff members that these supervisory rounds are occurring. The unannounced rounds are documented. A physical review of documentation, video of unannounced rounds and staff interviews confirmed the practice of unannounced rounds.</p> <p data-bbox="252 1384 879 1417">Evidence used to support auditor determination:</p> <ul data-bbox="252 1458 1219 1928" style="list-style-type: none"> <li data-bbox="252 1458 552 1491">• Policy Manual <li data-bbox="252 1532 635 1565">• Annual Staffing Plan <li data-bbox="252 1606 683 1639">• Pre-Audit Questionnaire <li data-bbox="252 1680 898 1713">• Documentation of unannounced Rounds <li data-bbox="252 1753 1219 1787">• Observations of the Auditor during the on-site portion of the audit <li data-bbox="252 1827 991 1861">• Interviews with PREA Coordinator and Directors <li data-bbox="252 1901 627 1935">• Interviews with staff

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.5 prohibits cross-gender pat or strip searches (outside of exigent circumstances or when performed by medical practitioners) Policy 27.5 further states that visual body cavity searches may only be conducted by the Nurse. During the past 12 months, there were no cross-gender strip or visual body cavity searches and no cross-gender pat-down searches of residents. Cross-gender pat-down searches are not conducted unless there are exigent circumstances, which then requires justification and documenting. Policy prohibits searching or examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Additionally, Policy 27.5 requires that residents may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them. Policy requires that staff of the opposite gender announce their presence when entering cottages and other areas where residents are likely to be showering, performing bodily functions, or changing clothing: "female/male on the cottage". Observations during the facility tour and interviews with residents and staff confirmed the practice of the cross-gender announcement. Policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. There were zero of these type searches (as described in §115. 315 (e)-1) occurring during the past 12 months. 100 % of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with the security needs of the facility. A review of training documentation related to searches, as well as interviews with staff and residents support the practices as outlined by policy and in keeping with compliance with the standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.5 • Training sign in sheets and curriculum • Pre-Audit Questionnaire • Interview with residents and staff • Interview with PREA Coordinator • Observations of Auditor during the on-site portion of the Audit

115.316	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 27.6 requires that residents with disabilities or residents with limited English proficiency are provided information that is appropriately conveyed to them and that the information provided covers all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and sexual harassment. The policy also prohibits the use of resident interpreters, resident readers, and other types of resident assistants. Interviews with staff and residents confirmed that the facility refrains from using resident readers, assistants, and resident interpreters. The facility has entered into memorandums of understanding with two organizations for the provision of services to youth who are deaf or hard of hearing and youth who have limited English proficiency that have reported sexual abuse. The facility has had no residents with disabilities or limited English proficiency in the last 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.6 • Pre-Audit Questionnaire • Review of materials in English and Spanish • Review of Language Services documentation • Observations made during the on-site portion of the audit • Interviews with Staff • Interviews with Residents
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115.317	<p>Hiring and promotion decisions</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 27.7 requires criminal background screening for all new hires and contractors. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents and criminal background checks to be conducted “at least” every five years or have a system in place that captures this information. Prior to the hiring or promotion of an applicant or staff, the applicant or staff must answer all questions on a mandated disclosure document. Additionally, prior to hiring or promoting, the applicant or staff is informed that material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. In the past 12 months there have been no contracts for services where criminal background record checks were conducted. Current practice exceeds this requirement as the facility is conducting background checks of all staff every year. The facility is required to ask all applicants about previous misconduct; material omission regarding misconduct is grounds for termination. Interviews with staff and the personnel responsible for Human Resources and hiring and promotion decisions confirm compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.7 • Pre-Audit Questionnaire • Review of mandated disclosure document • Review of personnel records • Interview with Human Resources staff • Interviews with Staff
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Ware Youth Detention Center has not acquired a new facility or made any substantial expansions or modifications to the existing facility since August 20, 2012. The agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Observations made during the on-site portion of the audit • Review of the monitoring system • Interview with Agency Head

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The facility does not conduct criminal sexual abuse investigations. Upon knowledge of any investigation related to sexual abuse or sexual harassment the facility takes immediate action to provide for safety and security. Red River Parish Sheriff's Office has responsibility for conducting all administrative and criminal investigations, including those related to sexual harassment and sexual abuse. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions and is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. Policy requires that all residents who experience sexual abuse are offered access to forensic medical examinations. The agency maintains an agreement with Natchitoches Regional Medical Center. The policy also requires that where possible the forensic examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). When a SAFE or SANE is not available a qualified medical practitioner performs forensic medical examinations. Efforts to provide access to a SAFE or SANE are documented by the facility. The facility ensures that resident victims have access to these services at no cost to the victim. There have been no forensic medical exams conducted during the past 12 months, no exams performed by SANES/SAFEs during the past 12 months and no exams performed by a qualified medical practitioner during the past 12 months. The facility ensures that each resident victim of sexual abuse is provided with a qualified victim advocate and these efforts are documented. Advocacy services include but are not limited to access to training and informational material to staff and residents, accompaniment of residents to forensic examinations and investigatory interviews. The advocate will also provide emotional support, crisis intervention services, information, and referrals. A service provision agreement with Project Celebration for the provision of training as well as resident advocacy and support services was confirmed by the auditor. The Agency also uses a qualified agency staff member or a qualified community-based staff member for advocacy and support; the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Memorandum of Understanding with Project Celebration • Memorandum of Agreement with Red River Parish Sheriff's Office • Memorandum of Understanding with Natchitoches Regional Medical Center • Interviews with staff • Interviews with PREA Coordinator • Pre-Audit Questionnaire

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility does not conduct criminal sexual abuse investigations. Policy 27.10 requires allegations of sexual abuse or sexual harassment be referred for investigation to Red River Parish Sheriff's Office, an agency with the legal authority to conduct criminal investigations. The policy regarding the referral of allegations of sexual abuse or sexual harassment for investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Memorandum of Agreement with Red River Parish Sheriff's Office • Interview with PREA Coordinator • Interview with Assistant Director • Pre-Audit Questionnaire

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment; and 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, as well as: the right of residents to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in juvenile facilities, the common reactions of juvenile victims of sexual abuse and sexual harassment, 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, on how to avoid inappropriate relationships with residents, on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents, on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, on relevant laws regarding the applicable age of consent.</p> <p>Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.</p> <p>The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is twice a year or more frequently as needed. The agency ensures that employees who may have contact with residents understand the training they have received through employee signature. Training records, the training curriculum, and staff interviews verified that staff had received training and understood their responsibilities related to complying with the PREA standards.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • PREA Policy 27.11 • PREA Training Curriculum • Training Attendance Forms • Pre-Audit Questionnaire • Interviews with staff • Interview with PREA Coordinator



115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All volunteers who may have contact with residents receive PREA training. The policy requires that this training is provided annually. The volunteers sign a form acknowledging the receipt of training and their understanding of the agency's zero-tolerance policy. Volunteers are provided information which outlines their responsibilities and expectations including responsibilities related to PREA. They are required to review and are given the opportunity to ask questions about the PREA information provided. Eleven volunteers and contractors, who have contact with residents, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Ware maintains documentation confirming that that volunteers and contractors have received and understand the training provided.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Volunteer Manual • Interview with PREA Coordinator • Auditor review of training documentation • Pre-Audit Questionnaire

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.13 states that during intake the Ware Youth Detention Center will provide residents information in an age-appropriate fashion, which will include: the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. Intake and or case management staff will review the information with the residents and residents sign verifying receipt of the information. The procedures further require that youth receive additional information through training within ten days of intake. This training is comprehensive and age-appropriate and includes residents’ rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting incidents and, the agency’s policies and procedures related to responding to incidents of sexual abuse and sexual harassment. The agency maintains documentation of resident participation in these education sessions. Documentation of the residents’ signatures was reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. The PREA information is presented in a manner that is accessible to all residents. The agency ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. During the facility tour PREA posters and reporting instructions were posted throughout the facility. If needed, the facility has facility 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. 94 residents admitted in the last 12 months were provided educational material and information at intake. The records of residents were reviewed to confirm the presence of completed documentation.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.13 • Pre-Audit Questionnaire • Auditor review of resident education materials • Auditor review of resident’s file • Interviews with Staff • Interviews with Residents • Interviews with PREA Coordinator

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency does not conduct criminal sexual abuse investigations, nor do they employ investigators. The agency handles the administrative aspects of sexual abuse investigations. Policy 27.29 describes agency responsibilities. These aspects include determining whether staff actions or failure to act contributed to the abuse. Red River Parish Sheriff's Office conducts all administrative and criminal investigations; the investigations are documented in comprehensive written reports. The sheriff's investigator has been trained on conducting sexual abuse investigations.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy • Pre-Audit Questionnaire • Interview with Assistant Director and Director • Interviews with PREA Coordinator

115.335	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 27.14 addresses this standard. Documentation shows that the medical and mental health staff members have completed on-line specialized training through the National Institute of Corrections, this documentation is maintained by the facility. The facility nurses do not conduct forensic medical examinations. Residents who require sexual assault forensic examination are sent to Natchitoches Regional Hospital for treatment and examination. Interviews with nurses and facility leadership support the documentation presented. Medical and mental health care practitioners received the specialized training. The agency ensures they are trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331.</p> <p>The agency maintains documentation showing that medical and mental health practitioners have completed all the required training.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.14 • Pre-Audit Questionnaire • Interviews with Medical and Mental Health Staff • Review of training documentation for Medical and Mental Health Staff • Interview with Assistant Director and Director • Interviews with PREA Coordinator
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.15 addresses this standard. A screening for risk of victimization and abusiveness is completed on each resident within 72 hours of intake and periodically throughout their confinement. The risk assessment is conducted using an objective screening instrument. 93 residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. During these PREA screening assessments, at a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness, 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, current charges and offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, Intellectual or developmental disabilities, intellectual or developmental disabilities, physical disabilities, the resident's own perception of vulnerability, and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Information is ascertained through conversations with the resident during the intake process and medical mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. The agency has 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. Staff and resident interviews and a review of resident records confirm that the screening for risk of sexual abuse victimization and sexual abusiveness toward other residents is being conducted.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.15 • Pre-Audit Questionnaire • Review of screenings tool for residents • Auditor Interviews with Staff • Auditor Interviews with Residents • Auditor Interviews with PREA Coordinator

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.16 ensures that information from the risk screening required by §115.341 is used to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Policy also requires that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. No residents were placed in isolation in the past 12 months because of risk of sexual victimization or for any other reason. Residents will only be isolated from others 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. During periods of isolation, the agency always refrains from denying residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation receive daily visits from a medical or mental health care clinician and residents also have access to other programs and work opportunities to the extent possible. If a resident is isolated pursuant to paragraph (b) of this section, the facility clearly documents the basis for the facility’s concern for the resident’s safety. If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. Each transgender or intersex resident’s own views with respect to his or her own safety are given serious consideration when making facility and housing placement decisions and programming assignments. Transgender and intersex residents are given the opportunity to shower separately from other residents.</p> <p>A review of files revealed youth at the facility are being assessed and properly classified.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.16 • Pre-Audit Questionnaire • Interview with Assistant Director and Director

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.17 addresses compliance with this standard. The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. A resident may report to staff, use the grievance process, call the Office of Juvenile Justice (OJJ) hotline or a third party may report allegations on behalf of the resident. The agency also provides 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. The private entity or office is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. Private entities and offices allow residents to remain anonymous upon request. Residents detained solely for civil immigration purposes will be provided with information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Residents receive reporting information at Intake and in the resident handbooks. Reporting information is also clearly posted throughout the facility and adjacent to the telephones to assist residents making reports using the telephone. Interviews with staff and residents support an understanding of the process and compliance with this standard. Observations made during the tour confirmed the proper posting of information for residents. Further this auditor tested the phone system by calling the OJJ hotline with positive results.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.17 • Pre-Audit Questionnaire • Interview with Assistant Director and Director • Interviews with PREA Coordinator

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.18 addresses compliance with this standard. The facility has an administrative process for responding to resident grievances. Residents are not required to use an informal grievance process or to attempt to resolve with staff alleged instances of abuse. In addition to receiving this information at Intake, the resident handbook contains information regarding the grievance system. A locked box is located in the housing area and is accessible to the residents. Grievance forms are located adjacent to the grievance box. Management staff checks the grievances boxes frequently. Policy states that residents will not be referred to the staff member who is the subject of the complaint. Policy further states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual misconduct. Policy also states that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. Residents are continuously advised of their right to file a grievance through written notices posted on all housing units and in other areas of the facility. Policy demonstrates a process that provides for residents to have unimpeded access to the grievance process. 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. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to a level of review at which immediate corrective action may be taken (this applies to any portion of the grievance that alleges a resident may be at risk of imminent sexual abuse), the agency provides an initial response within 48 hours, and issues a final agency decision within five (5) calendar days. The initial response and final agency decision documents the agency's determination whether a resident may be at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. There were no grievances alleging sexual abuse during the last twelve months. There were no regular or emergency grievances alleging a substantial risk of imminent sexual abuse filed in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.18 • Pre-Audit Questionnaire • Interview with Assistant Director and Director • Interviews with Residents • Interview with PREA Coordinator

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.19 addresses compliance with this standard. An MOU with Project Celebration Inc. (outside victim advocates for emotional support services related to sexual abuse) has been established and still exists for training, service provision and support. A review of the MOU states that the services include education and training for residents and staff, counseling services, and referral services for victims. The advocacy services were confirmed through interviews with staff and a conversation with staff from Project Celebration Inc. and this auditor. Youth have access to the phone number and mailing address to Project Celebration Inc. Youth interviews confirmed that they knew how to contact Project Celebration if needed. Youth were also aware of the services provided. Staff and youth interviews confirmed that youth have reasonable access and that access is provided in as confidential a manner as possible. The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and the facility provides residents with reasonable access to parents or legal guardians through visitation, video calls and telephone calls. Face-to-face visits have been temporarily impacted by the Coronavirus pandemic. The facility is providing more video and telephone calls to residents until normal operations resume once the threat for community spread of coronavirus has been reduced or eliminated.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.19 • Pre-Audit Questionnaire • Interview with Assistant Director and Director • Interviews with PREA Coordinator

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. A resident may report to staff, use the grievance process, call the Office of Juvenile Justice (OJJ) hotline or a third party may report allegations on behalf of the resident. The agency also provides 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. The private entity or office is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. Private entities and offices allow residents to remain anonymous upon request. Residents detained solely for civil immigration purposes will be provided with information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Residents receive reporting information at Intake and in the resident handbooks. Reporting information is also clearly posted throughout the facility and adjacent to the telephones to assist residents making reports using the telephone. Interviews with staff and residents support an understanding of the process and compliance with this standard. Observations made during the tour confirmed the proper posting of information for residents. Further this auditor tested the phone system by calling the OJJ hotline with positive results.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.17 • Pre-Audit Questionnaire • Interview with Assistant Director and Director • Interviews with PREA Coordinator

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All Ware Youth Center staff are mandated reporters and are required by Policy 27.21 to immediately report any knowledge, suspicion, or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with revealed their understanding of this standard and they were able to clearly state their responsibilities related to reporting, including reporting the information immediately and documenting all reports they receive. Staff also understood that the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Interviews with staff also revealed that staff understand the requirement to report retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy further establishes the prohibition of staff revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The facility developed a flow chart detailing the reporting process to ensure all follow the requirements of policy that are in keeping with the standard. Compliance with the standard was demonstrated by responses provided by staff during the staff interviews and a review of the policy and supporting documentation.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.21 • Pre-Audit Questionnaire • Interviews with PREA Compliance Manager and PREA Coordinator • Interview with Assistant Director and Director • Interviews with Staff

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.22 requires staff to take immediate action to protect a resident when he/she is identified as being subject to substantial risk of imminent sexual abuse. Responses provided by staff demonstrated that they understood their responsibility was to the resident and that when learning that a resident was subject to a substantial risk of imminent sexual abuse, they would immediately protect the resident by separating the resident from the alleged abuser, immediately notifying the supervisor, and documenting the allegation and their response.</p> <p>Staff understood their responsibility in keeping residents safe. When any staff in the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the resident. Some of their responses included, separating the resident from other residents, keeping the resident with them, and immediately notifying a supervisor or administrator. There were no residents identified as being at risk for sexual abuse in the past 12 months. Interviews with staff and the Director confirmed compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.22 • Pre-Audit Questionnaire • Interviews with Staff • Interview with Assistant Director and Director • Interview with PREA Coordinator

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.23 supports compliance with this standard. Policy requires the Director to notify the head of the other facility as well as the Department of Children and Family Services within 72 of receiving an allegation that a resident was sexually abused while confined at another facility. The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. During the past 12 months, there were no allegations received that a resident was abused while confined to another facility nor were there allegations of sexual abuse received by Ware Youth Center from other facilities alleging abuse at Ware.</p> <ul style="list-style-type: none"> • Policy 27.23 • Pre-Audit Questionnaire • Interviews with Assistant Director and Director • Interview with PREA Coordinator

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.24 requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. During staff interviews, the staff demonstrated an understanding of their roles as first responders and the responsibilities to the preserve physical evidence and securing any area that might be considered a crime scene. Medical and mental health staff were able to speak to their roles as responders to an incident once notified by staff. Medical spoke to completing an initial assessment of injuries and rendering aid as required. Medical also stated that any incident requiring a forensic medical examination would be referred out to Natchitoches Regional Hospital for examination by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. There were no allegations of sexual abuse during the past 12 months. Additionally, agency policy requires that if the first responder is not a security staff member that responder shall notify security staff and then request the alleged victim and alleged abuser not take any action that might destroy physical evidence. In the past 12 months, there were no allegations of sexual abuse. There were no allegations of sexual abuse during the past 12 months. Staff interviews revealed a clear understanding of the actions to be taken upon learning that a resident was sexually abused.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.24 • Pre-Audit Questionnaire • Interviews with staff • Interviews with Medical staff • Interview with Assistant Director • Interview with PREA Coordinator

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The procedures in policy 27.25 outline the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership. The plan was reviewed and follows this standard. Interviews with the Assistant Director and other staff revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse and in keeping with the facility's coordinated response plan.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.25 • Pre-Audit Questionnaire • Interviews Medical and Mental Health Staff • Interview with Assistant Director • Interview with PREA Coordinator

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

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has 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. Policy 27.27 requires the Program manager to ensure the protection of residents and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The agency has multiple protection measures to employ in its efforts to protect staff and residents. One protection measure is monitoring for retaliation. The monitoring will take place for a period of at least 90 days and longer, as needed. The Program Manager has been designated by the Agency as being responsible for monitoring for instances of retaliation. The agency employs 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. The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. There were no incidents of retaliation in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.27 • Pre-Audit Questionnaire • Interview with PREA Compliance Manager • Interviews with Director and Assistant Director • Interview with PREA Coordinator

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.28 requires that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility will only restrict a resident to a room as a last measure to keep a resident who alleges sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. No resident has been in post-allegation protective custody in the past 12 months. The PREA Coordinator, The PREA Compliance Manager, the Assistant Director and Director all spoke to their understanding of this standard and steps they would take to keep residents who suffered a sexual abuse safe and while doing so utilizing the least restrictive measures.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.28 • Pre-Audit Questionnaire • Interview with PREA Compliance Manager • Interviews with Director and Assistant Director • Interview with PREA Coordinator

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies 27.29 states that all reported incidents or allegations of sexual abuse, neglect, and misconduct, are conducted by the Red River Parish Sheriff's Office to determine whether the allegations are valid and take appropriate corrective action. Criminal investigations are also conducted by the Red River Parish Sheriff's Office, and all incidents will be reported to the Department of Social Service Child Protective Services (CPS) for investigation regarding child abuse and neglect. All PREA related incidents will also be reported to the Office of Juvenile Justice. In the event of a reported incident of sexual abuse, Ware will coordinate actions among staff first responders, medical and mental health practitioners, investigators, and administration. All allegations of sexual abuse or sexual harassment will be investigated and documented. Policy requires the facility to cooperate fully with investigators and to remain informed about the progress of the investigation. Substantiated allegations of conduct that appears to be criminal will be referred by the Red River Parish Sheriff's Office for prosecution. Ware will retain such investigative records for as long as the alleged abuser is placed or employed by WARE plus five years. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation. Policy further requires staff members to cooperate with all investigations. There have been no substantiated allegations of abuse or harassment that appeared to be criminal that were referred for prosecution since August 20, 2012. Staff interviews confirmed their knowledge of criminal and administrative investigations, as well as the requirement to report criminal misconduct to Red River Parish Sheriff's Office and the Department of Social Services. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. The agency always refrains from terminating an investigation solely because the source of the allegation recants the allegation. 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. When an outside entity investigates sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. Responses from staff during interviews as well as the guidelines outlined by policy demonstrate compliance with the standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.29 • Memorandum of Understanding with Red River Parish Sheriff's Office • Pre-Audit Questionnaire • Interview with Assistant Director • Interview with Director • Interview with PREA Coordinator

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.29 demonstrates compliance with this standard. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 27.29 • Interview with Director • Interview with PREA Coordinator

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy 27.30 requires that any resident who alleges that he or she suffered sexual abuse in the facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. All such notifications and attempts of notifications shall be documented. The agency requests relevant information from the Red River Parish Sheriff's Office, the investigative entity, in order to inform the resident of the outcome of the investigation. While the agency has not completed any administrative or criminal investigations; in the past 12 months there were four criminal or administrative investigations of alleged resident sexual abuse completed by the Red River Parish Sheriff's Office. Four notifications, verbally or in writing, of investigatory findings were made to residents. Because Red River Parish Sheriff's Office conducts criminal and administrative investigations, the agency requests relevant information from the investigative agency in order to inform the resident of the progress of the investigation. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There were no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against a resident in the past 12 months.</p> <p>Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Such notifications are documented. The four aforementioned notifications made in the past twelve months were documented.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.30 • Pre-Audit Questionnaire • Interview with PREA Coordinator

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.31 outlines the agency’s disciplinary response related to violations of PREA policies by staff. The policy specifically states that the presumptive disciplinary sanction for staff who engage in sexual abuse will be termination. In the past 12 months no staff from the facility have violated the agency sexual abuse or sexual harassment policy, and none have been subsequently disciplined short of termination or terminated for violating the agency sexual abuse or sexual harassment policy. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the agency’s PREA Policy, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Red River Parish Sheriff’s Office, unless the activity was clearly not criminal, and to any relevant licensing bodies. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. In the past 12 months, there have been no reports to law enforcement or licensing boards following termination or resignation prior to termination of staff for violating agency sexual abuse or sexual harassment policies. In the past 12 months, no staff has been terminated or has resigned for violating the facility’s PREA policies.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.31 • Pre-Audit Questionnaire • Interview with PREA Coordinator • Interview with Director • Interview with Assistant Director • Interview with PREA Compliance Manager

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.32 states that any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement and Department of children and Family Services Licensing Division. The policy further requires that the contractor or volunteer be prohibited from having contact with residents. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.32 • Pre-Audit Questionnaire • Interview with PREA Coordinator • Interview with Director • Interview with Assistant Director

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.33 states that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse that occurred in the facility or criminal findings of guilt for resident-on-resident sexual abuse. In the past 12 months there has been one administrative finding of resident-on-resident sexual abuse and no criminal findings of guilt for resident-on-resident sexual abuse occurring at the facility. Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, Ware shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. In the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. Interviews from staff confirm that the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, interviews confirm that the facility offers the same services to offending residents and that the facility may require participation in interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Ware mental health clinicians will be consulted in administering discipline. WARE will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Ware prohibits all sexual activity between residents, further, the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.33 • Pre-Audit Questionnaire • Interview with PREA Coordinator • Interview with Director • Interview with Assistant Director



115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.34 directs that based upon affirmative responses to a specific set of questions on the Mental Health Screening Form designed to alert to the possibility of sexual victimization or abusiveness, the resident is referred to the Mental Health Clinician, the meeting must take place within 14 days. The information gleaned from the mental health screening form is limited to those who have a need to know to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. A review of documentation and interviews with youth confirm that residents having reported prior sexual victimization during screening were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Additionally, residents who had previously perpetrated sexual abuse, as indicated during the screening pursuant to standard 115.341, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Further, policy 27.34 requires medical and mental health practitioners to 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. In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner. A review of policy, documentation and staff interviews confirmed compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.34 • Screening Form • Pre-Audit Questionnaire • Interview with PREA Coordinator

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.35 requires that all resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Resident victims will be afforded a forensic examination at no cost to the victim. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. Interviews with medical and mental health staff confirm their understanding and compliance with this standard. Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • PREA Policy 27.35 • Pre-Audit Questionnaire • Interviews with Medical and Mental Health staff • Interview with PREA Coordinator

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="252 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 488">Policy 27.36 addresses ongoing medical and mental health care for sexual abuse victims and abusers. It also provides for the appropriate tests to be provided and that the facility will attempt to obtain a mental health evaluation within 60 days of learning of resident-on-resident abusers and offer treatment deemed appropriate by a mental health practitioner.</p> <p data-bbox="252 533 935 566">Evidence relied upon to make auditor determination:</p> <ul data-bbox="252 607 983 853" style="list-style-type: none"> <li data-bbox="252 607 612 640">• PREA Policy 27.36 <li data-bbox="252 678 683 712">• Pre-Audit Questionnaire <li data-bbox="252 750 983 784">• Interviews with Medical and Mental Health staff <li data-bbox="252 822 794 855">• Interview with PREA Coordinator

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.37 outlines compliance with this standard and provides information regarding the incident review team and its role. The Policy details the make-up of the sexual abuse incident review team. Policy also outlines the elements to be considered in their assessments of incidents. “The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated or otherwise caused by the perpetrator or victim’s race, ethnicity, sexual orientation, gang affiliation, or other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of §115.386, and any recommendations for improvement and submit such report to the Director. Ware administration shall implement the recommendations for improvement or shall document its reasons for not doing so. “Further, policy dictates the facility conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months, there has been one criminal and/or administrative investigation of alleged sexual abuse completed excluding only "unfounded" incidents. The facility incident review team has met and reviewed incidents, allegations and or PREA related incidents that occurred in the facility outside of the time frame requested in this report. The documented process demonstrates a clear understanding as well as an organized and objective approach to the review team process. The sexual assault incident review team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. In the past 12 months, there has been one criminal and/or administrative investigation of alleged sexual abuse completed that was followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: Interviews with staff who make up the facility incident review team, as well as the Director revealed that they understand the purpose of the incident review team and the process by which incidents will be reviewed.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.37 • Pre-Audit Questionnaire • Interviews with Medical and Mental Health Staff • Interview with PREA Coordinator

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.38 supports compliance with this standard. Ware Youth Center uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes incident-based data collected necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. A review of the annual report revealed it was completed according to this standard. Ware will aggregate the incident-based sexual abuse data at least annually and maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, Ware will provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.38 • Pre-Audit Questionnaire • Interviews with Assistant Director • Interview with PREA Coordinator

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.38 addresses this standard. The PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The Policy also states that an annual report will be prepared. The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. A review of documentation confirms this practice.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.38 • Pre-Audit Questionnaire • Interview with Assistant Director • Interview with PREA Coordinator • Interview with Director

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 27.40 requires that data be collected and securely retained for 10 years unless applicable laws require otherwise. Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. A review of documentation confirmed practices in keeping with the standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.40 • Pre-Audit Questionnaire • Interview with Assistant Director • Interview with PREA Coordinator • Interview with Director

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Frequency and Scope of Audits - 401</p> <p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensured the facility was audited. During the onsite portion of the audit, the auditor was permitted to observe all areas of the facility. The auditor was provided copies of requested documents including electronic documents and videos if the agency had them. The auditor was permitted to conduct private interviews with residents and staff. Notices of the audit were posted ahead of the on-site portion and emails of photographs of the posted notices were sent to the auditor. Posting of the notices were confirmed by staff and residents. Although no correspondence was received by the auditor, residents were provided the opportunity and means to send confidential information and correspondence to the auditor in the same manner as if they were communicating with legal counsel. The agency ensured all three facilities were audited during the second year of the current audit cycle.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Interview with PREA Coordinator • Interviews with residents and staff • Interview with Director • Photographs of audit notices

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy requires the publication of the final audit report on the website. The Agency's previous final report was published on the Agency website as required by policy and in keeping with the requirements of the standards.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Policy 27.40 • Interview with PREA Coordinator • Interview with Director

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	

	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate 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	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	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?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

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

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

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

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<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
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate 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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

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

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does 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)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked 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)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when 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
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private 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)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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

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

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of 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
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

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

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

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

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

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

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