

PREA Facility Audit Report: Final

Name of Facility: Christian Acres Juvenile Residential Group Home

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/21/2021

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: Robert Manville	Date of Signature: 11/21/2021

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	10/19/2021
End Date of On-Site Audit:	10/20/2021

FACILITY INFORMATION	
Facility name:	Christian Acres Juvenile Residential Group Home
Facility physical address:	200 Bailey Street, Tallulah, Louisiana - 71282
Facility Phone	
Facility mailing address:	200 Bailey Street, Tallulah, - 71282

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

Superintendent/Director/Administrator	
Name:	Janet Moore, Administrator
Email Address:	Janet.Moore@christianayc.com
Telephone Number:	3185743146110

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Kathy Evans
Email Address:	Kathy.Evans@christianayc.com
Telephone Number:	3185743146102

Facility Characteristics	
Designed facility capacity:	82
Current population of facility:	57
Average daily population for the past 12 months:	66
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	12-18
Facility security levels/resident custody levels:	Non-Secure
Number of staff currently employed at the facility who may have contact with residents:	95
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	13
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

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

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.

Christian Acres Juvenile Residential Group Home contracted with Robert Manville a dual certified PREA auditor. The primary sole auditor is Robert Manville, and no conflict of interest exists between the two parties. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases. During the contract negotiation it was determined that the center's audit would be conducted using the OAS portal.

On September 7, 2021, Christian Acres Youth Center (CAYC) placed Audit Notices (in English and Spanish) in strategic locations throughout the center where residents routinely live, enter and exit buildings, and participate in programming.

Christian Acres Youth Center was asked to complete the Pre-Audit Questionnaire (PAQ) which uploaded on September 7, 2021. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures.

On the day of the audit the center was housing 56 male residents. At the time of the audit the facility was employing 95 full time staff. Due to the pandemic the population of the center was reduced, and the facility has had a shortage of applicant to apply for positions. The facility is managing a ratio of 1 to 6 at all times.

Site Review:

The onsite audit of the facility was conducted on October 19 through October 20, 2021. Immediately following the opening meeting, a tour of Center was conducted. The auditor was escorted by the center's PREA Compliance Manager and Center Director. The auditor was given unimpeded access to all areas of the center.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. The auditor assessed potential blind spots, and physical supervision requirements as applied to a community correctional confinement center. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and agency hotline information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center.

A review of logbooks and records revealed documentation of safety and PREA rounds. The Facility Director makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, and victim advocacy phone number.

Staff Interviews:

There are a minimum of two staff always assigned to the living units. The facility requires a minimum of one (1) direct care staff for 6 residents at all times. The facility increases the staffing ratio based on the program needs of the facility.

A total of 14 random direct care staff were interviewed on all shifts regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Interviews were conducted by Director and agency head, PREA Compliance Manager, Nurse, Mental Health, Administrative Assistant, retaliation monitor, Incident Review Team member and Director. These staff have collateral duties that include all areas required for a PREA audit. Telephone interviews were also conducted with staff of Madison Parish Hospital, Wellspring Alliance for Families advocacy program and Preventive Measures mental health services.

Resident Interviews:

At the time of the audit there were 56 residents assigned to the facility. Nineteen random residents were interviewed. All residents at the facility are interviewed by licensed therapist and discuss history of victimization within first 24 hours of arriving at the facility. None of the resident claimed sexual abuse, any sexual orientation that meets the working group targeted population. While several of the residents have mental health diagnosis, none of the residents were cognitively challenged.

Staff Employee File Review:

The auditor requested random personnel background checks and reviewed ten employee training records and one contractor files. All files had appropriate background checks, child registry reviews and PREA background review of staff that had been promoted.

Staff Training Records:

Ten staff training records were reviewed. Including in the training records review were the facility director, medical staff, contractors, and six random staff. All training records revealed that staff have attended training a minimum of once a year. Specialized training for medical staff and investigators were noted in their training files. All employees receive at least 70 hours of orientation training within the first two weeks of their date of hire prior to working with adolescents. Following the initial orientation training, employees participate in mentorship and on-the-job training totaling 40 hours within the first few weeks of beginning their job duties. All full-time employees are required to receive a minimum of forty annual training hours.

Resident File Review:

Ten resident files were reviewed. The resident's file contained documentation of Intake Screening, Intake PREA notification, Rescreening and formalized PREA education. Each resident file also contains updates of the resident's progress in meeting treatment objectives. Initial Screening occurs within the first 4 hours of the resident arrival at the facility. Rescreening is conducted during the first 3 months of their arrival. Further rescreening occurs quarterly. PREA initial orientation training occurs within 72 hours of the resident arrival at the facility and comprehensive training within 10 days of arrival at the center. Additional training is provided by staff on a continuous basis.

Investigation Review:

There were 2 allegations of sexual abuse during the last 12 months. All allegations are referred to the Local Law Enforcement, Department of Children and Families and State Licensing board. One investigation was conducted by local law enforcement. One allegation was referred to the facility, where a trained sexual abuse investigative staff.

The Center is ACA accredited and received it latest accreditation in September 2021.

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.

Christian Acres Juvenile Residential Group Home is a private residential facility with a design capacity of 82 youth. The facility operates under the corporate auspices of Christian Acres Youth Center, Inc. The facility provides services to male residents between the ages of 12-17. The facility's mission is: Changing the way the future looks, one family at a time.

The center contracts for services with the Department of Office of Juvenile Justice with the average stay at the facility being 130 days. The center is non secure. There is a non-secure fence that is used as a boundary line around the back and on the side of the center perimeter. It does not include a specific entrance point to the center or the center's campus and is not considered a security fence.

Parents/legal guardians wishing to take a resident off-campus during their visit must make this request at the time the visit is scheduled. All residents may have off campus visits after 45 days and after having achieved Level II. All off- campus visits are subject to administrative review.

While medical services are provided on site, when an emergent problem arises the problem is identified, the nurse coordinates care with the Madison Parish Hospital.

A typical day for a youth involves hygiene, meals, school, structured physical and leisure activities. The program's philosophy is that education and role-modeling instigate positive and sustainable changes in attitude and behavior.

The residential staff was attentive and responsive to the youth. Overall, the facility was clean and well maintained. The housing units were beautifully decorated by the residents, and each had different themes which were colorful attractive and creatively stimulating.

Youth were able to personalize their sleeping areas with appropriate personal photos and colorful fleece blankets provided by the facility. The environment was warm and appealing which demonstrated the care and concern given to the residents.

Christian Acres was established in December 1981 as an alternative to traditional juvenile placement. The facility is located on approximately twenty acres of well-manicured land in Tallulah, Louisiana. The facility has seven housing units. Six of these housing units house 12 youth each and one-unit houses 10 youth. During the audit several of the housing units were not being used due to staff shortages and for maintenance on the campus. Each of the housing unit has a general day room, quiet room (area) and staff officer's station.

There were PREA boards located in each of the housing unit that contains PREA information including OJJ hotline, Department of Children and Family Services hotline, ways to report, the victim advocate phone number and address, Investigative Services hotlines and general information about Sexual abuse and harassment. The center added the National Child abuse hotline during the audit period.

The showers and toilet area have curtains and partitions that allow residents to shower and change clothes and use the toilet without being viewed by staff of the other gender. There are notices leading into the housing units that person of the other gender may be stationed in this area. Staff made an announcement that female staff were entering the housing units. This was confirmed by interviews with residents.

The administrative building includes the facilities operations staff, a medical clinic, intake area dinning hall and multipurpose rooms.

The medical clinic as a private area where resident can undress and receive medical care without being viewed by non-medical staff.

There is a small building located next to the administrative building that is utilized as a central control.

The gymnasium areas is a large area that includes typical recreation opportunities. There are also has seven self-contained classrooms and educational offices.

The outdoor area includes recreation areas and open air areas.

All areas of the facility are under constant camera surveillance except areas that would allow staff to view residents naked. There was one area that was seen as a blind spot by the auditor. This area is behind the laundry area that leads from one dormitory area to another. There is a water fountain, resident privacy phone and a dining area. The center placed a mirror in this area and has noted this area for their yearly staffing plan to request funding to place a camera in this area.

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:	5
Number of standards met:	38
Number of standards not met:	0

Exceed Expectations;

115.313 - Supervision and monitoring

Exceed Compliance was determined by review of policies, documentation, and interview with staff.

The staffing ratio is one to six at all times. The center chose to reduce the population rather increase staffing overtime to the point their was staff burn out. Based on interviews with the director and PREA compliance manager it was obvious that the facility is a true non profit program that manages the facility as a specialized program for youth and supervision and monitoring is the key stone to managing the facility.

115.317 - Hiring and promotion decisions

Exceed compliance was determined by reviewing background checks, child registry reviews and interview with staff. Exceed was further determined by conducting yearly background and child registry reviews.

115.321 - Evidence protocol and forensic medical examinations

Exceed compliance was determined by interview with staff, the medical center, the mental health provider, and the programs offered by Wellsprings Alliance for Families.

115.351 - Resident reporting

Exceed compliance was determined by the multiple ways for residents to report allegation of sexual abuse or sexual harassment. Further exceed was determined by interviews with residents and their knowledge or how to report and their comfort in reporting to staff.

115.371 - Criminal and administrative agency investigations

Exceed compliance was determined by reviewing investigative reports, interviews with facility investigator and the number of stakeholders that are involved in conducting investigations.

Corrective Action Plan and Recommendations:

Areas Needing to be Addressed: Retaliation Monitoring:

There was one incident that was monitored during the Audit time period.

This is done through the review of all campus incident reports on a daily basis and periodically speaking with the resident. There is a Resident/Staff retaliation monitoring form created and in this instance the form was not completed. In order to prevent the lack of documentation in the future.

- First, the master form will be placed in the investigation word file as a "trigger" that this needs to be completed for at least 90 days following an investigation.

- Second, when the agency transfers over to the new data base system (by the end of 2021), the form will be set up for the above time period with reminders to document the monitoring.

Kitchen Blind Spot:

During previous audits, we were advised to place a sign at the entrance and assure that staff are aware to monitor the area for one resident

entering at a time. Staff have monitored this and the supervisors do enforce this procedure with the direct care staff. Ideally, it would be best to place cameras in this area, however our current system is full and this may not be cost effective at this time. A suggestion was made to place a simple wall up and have this as a storage area. This area holds the water fountain for the residents and the main trash collection. The residents need access to these items. Also, having another locked area where "staff" could privately take a resident is a concern. We will be looking at mirrors to monitor this area at this time.

We have also requested a bid to update our current video system and add additional cameras.

Telephone Numbers:

The auditor suggested that the National Sexual Assault Hotline Number be placed on the list of numbers to call. This has been completed.

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
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 329 1457 389">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 421 421 450">Facility Org Chart</p> <p data-bbox="242 479 764 508">Christian Acres Youth Center 3.2 Position Allocation</p> <p data-bbox="242 537 1437 598">Christian Acres Youth Center 17.0 PREA – Preventing and Reporting to Sexual Abuse Involving Juvenile zero tolerance Policy and Definitions</p> <p data-bbox="242 627 1437 752">Christian Acres Youth Center is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The center has developed and implement policies to comply with PREA standards for Juvenile Facilities. Christian Acres Youth Center 17.0 PREA – Preventing and Reporting to Sexual Abuse Involving Juvenile zero tolerance Policy outlines the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p data-bbox="242 784 1493 1211">Everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. Christian Acres Youth Center policies establishes that all facilities, staff, residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Christian Acres Youth Center efforts to prevent, detect, and respond to sexual abuse and sexual harassment. While housed at SChristian Acres Youth Center there is no such thing as consensual sex, meaning no person regardless of age can “agree” to have sex or sexual contact with staff or another resident. If the center learns that a resident is subjected to or a substantial risk of imminent sexual abuse, the center shall take immediate action to protect the resident.</p> <p data-bbox="242 1243 1469 1303">Christian Acres Youth Center employee a coordinator to oversee the center’s efforts to comply with the PREA standards as set forth in this Policy.</p> <p data-bbox="242 1335 1485 1426">The PREA Coordinator oversees the efforts to comply with the PREA standards within the facility and also is considered the PREA compliance manager for the facility. The PREA coordinator reports to the facility director and also serves as the PREA compliance Manager.</p> <p data-bbox="242 1458 1485 1550">Any employee, supervisor or manager who violates PREA mandates and in accordance with the agency’s Standards of Conduct, is subject to disciplinary action, including termination. All volunteers, vendors, contractors, and their representatives shall also comply with this Policy, or the working relationship/contract may be severed.</p> <p data-bbox="242 1581 1102 1610">All claims of sexual assault will be immediately reported to the Local Law Enforcement</p> <p data-bbox="242 1641 1477 1834">Residents are informed orally about the zero-tolerance Policy and the PREA program during in-processing. Additional interpretive services are available for residents who do not speak or read English. The center provides resources to facilities to support the needs for deaf and blind residents. Both institution staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. In general discussion with youth, it was obvious that the youth at Christian Youth Academy feel safe and comfortable to discuss protecting each other from sexual abuse or sexual harassment.</p> <p data-bbox="242 1865 1366 1895">Compliance was determined by review of multiple PREA policies, posters and interviews with staff and residents.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Memo for the Record</p> <p>Christian Acres Youth Center operate only one juvenile facility. Compliance was determined by review of the policy, PREA audits and interviews with PREA coordinator.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <ul style="list-style-type: none"> • Christian Acres Youth Center, Inc. Policy 14.02 • Christian Acres Youth Center Staffing Assessments • Review of Christian Acres Youth Center Intermediate or above Level Administrative Random Monitoring Forms • Observations made during the on-site tour • Interviews with staff • Christian Acres Youth Center Pre-Audit Questionnaire <p>Christian Acres Youth Center, Inc. Policy 14.02 mandates that Upper Level staff conducts unannounced visits on all shifts during the night and weekend. The center maintains a log of these reviews that confirm their visits. Policy requires that staff will not be alerted to the unannounced unscheduled rounds occurring. Unless there is an exigent circumstance staff of the opposite gender entering a unit will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Staff would document on the unit log if an exigent circumstance occurred. Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2019 & 2020 were found to be following this standard. The staffing plan included: 1) Generally accepted 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.</p> <p>The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 6 direct care at all times. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement.</p> <p>The Facility Superintendent provided a daily roster that indicates the staffing utilized during the prior 24 hours. The facility did not report deviations from the staffing plan during the past 12 months. Based on conversations with the PREA compliance manager and facility superintendent it was obvious that the facilities review all areas of the center for additional staffing and resident movement in order to meet the requirement of this standard. The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. Exceed Compliance was determined by review of policies, documentation and interview with staff.</p>

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 671 389">Christian Acres Youth Center Policy 14.02</p> <p data-bbox="242 418 683 448">Christian Acres Youth Center Policy 17.1.1.</p> <p data-bbox="242 477 638 506">2020 Strip Search Example and Memo</p> <p data-bbox="242 535 671 564">Observations made during the on-site tour</p> <p data-bbox="242 593 448 622">Interviews with staff</p> <p data-bbox="242 651 437 680">Training curriculum</p> <p data-bbox="242 710 783 739">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="242 768 1484 1256">Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that the opposite gender staff are prohibited from entering the bathroom/shower area while residents are showering. There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months. Also, there have been no exigent circumstances of cross gender pat down, strip or visual body cavity searches conducted of residents in the past 12 months. Part of the Training for initial and then yearly training also confirmed that staff are trained on the mandate that all staff of the opposite gender must announce their presence when entering a housing unit and how to conduct a cross gender pat search. Staff training records, and unit staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches. Staff and resident interviews and observations while touring the center confirmed that female staff announce their presence when entering the housing areas. In most instances other residents and staff would also announce that a female was entering the housing areas. Interviews with staff/residents, personal observations and an examination of policy and supporting documentation confirm compliance with this standard. Staff also receive training and all staff interviewed were aware of Policy that staff do not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p data-bbox="242 1288 1484 1583">Staff training records, and staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches. Training includes how to search transgender or intersex residents in a professional manner. The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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. Interviews with staff/residents, personal observations and an examination of Policy and supporting documentation confirm compliance with this standard. Each living unit has showers that do not have any opening which assures resident can shower without being viewed by staff or other residents.</p>

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>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Christian Acres Youth Center Policy 17.1.2</p> <p>Christian Acres Youth Center Policy 7.2</p> <p>Christian Acres Youth Center Policy 13.6</p> <p>ULM Language</p> <p>Madison Parish School Board Agreement</p> <p>Christian Acres Youth Center Pre-Audit Questionnaire</p> <p>Christian Acres (CAYC) policies and directives that residents with disabilities and residents who are limited English Proficient mandates that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary, to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. Additionally, residents requiring the assistance of an interpreter will be provided such assistance through an agreement between the facility and the University of Louisiana at Monroe, Foreign Languages Department. Resident and staff interviews verified the facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months. Compliance was determined by review of the MOUs and contracts, interviews with random staff and review of documented training programs utilized for resident education.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Christian Acres Youth Center Policy 3.1</p> <p data-bbox="229 416 1509 479">Christian Acres Youth Center Policy 17.1.3</p> <p data-bbox="229 479 1509 542">Christian Acres Youth Center Policy 3.6</p> <p data-bbox="229 542 1509 604">DCFS Fingerprints</p> <p data-bbox="229 604 1509 667">Promotion Screening form</p> <p data-bbox="229 667 1509 730">CANS form</p> <p data-bbox="229 730 1509 1149">Policy 17.1.3 (Prevention Planning – Hiring and Promotion Decisions) establishes how the facility complies with this standard and requires background checks including: Louisiana State Police, Bureau of Criminal Identification, contact with previous institutional employers, and consultation with Child Abuse Registry. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. In the past 12 months there have been no contracts for services where criminal background record checks were conducted. The facility exceeds the requirement of conducting criminal background checks every five years in that policy 17.1.3 requires criminal background checks to be conducted every year. Prior to the hiring or promotion of an applicant, the applicant must answer all questions on the PREA Screening Pre-Employment, Contractor, Promotional and Employee Yearly Review Form. Additionally, prior to hiring or promoting, the applicant or staff is informed that material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. Staff are required to report any such misconduct. The auditor reviewed and received copies of Background criminal checks and child registry checks. Exceed compliance was determined by reviewing background checks, child registry reviews and interview with staff. Exceed was further determined by conducting yearly background and child registry reviews.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Christian Acres Youth Center Policy 7.0</p> <p data-bbox="229 416 1509 479">Christian Acres Youth Center Policy 17.1.4</p> <p data-bbox="229 479 1509 542">Christian Acres Youth Center Policy 14.20</p> <p data-bbox="229 542 1509 604">Cottage Camera Placement</p> <p data-bbox="229 604 1509 667">Campus Diagram</p> <p data-bbox="229 667 1509 860">CAYC has not acquired a new facility or made any substantial expansions or modifications to the existing facility since August 20, 2012. The agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. While the facility has a comprehensive video monitoring system to supplement efforts in supervision and monitoring, they have added cameras and upgraded monitors and camera types to reduce blind spots or other supervision issues related to the facility plant. Compliance was determined by review of the camera system, touring the facility, interviewing the director and PREA compliance manager.</p>

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 210 454 239">Auditor Discussion</p> <p data-bbox="242 271 1460 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 877 389">Christian Acres Youth Center Policy 17.2 Forensic Examination</p> <p data-bbox="242 418 454 448">Example of Checklist</p> <p data-bbox="242 477 662 506">MOU with Madison Parish Sheriff's Office</p> <p data-bbox="242 535 622 564">Physical Evidence Preservation Form</p> <p data-bbox="242 593 734 622">Madison Parish Hospital Cooperative Agreement</p> <p data-bbox="242 651 710 680">MOU with The Wellspring Alliance for Families</p> <p data-bbox="242 710 1484 1200">The facility only conducts administrative investigations related to sexual abuse investigations. Louisiana Office of Juvenile Justice also investigates allegations of sexual abuse. The Madison Parish Sheriff's Office has the responsibility for conducting criminal investigations of sexual abuse. A Cooperative Agreement between the facility and Sheriff's Office was presented for review and is in keeping with this standard related to sexual abuse investigation. The Cooperative Agreement requires that Madison Parish Sheriff's Office follows a uniform evidence protocol that is developmentally appropriate for youth when conducting sexual abuse investigations. Further, the evidence protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Policy 17.2 chapter 17 (IV. Responsive Planning – Evidence Protocol and Forensic Medical Examinations) requires that all residents who experience sexual abuse have access to forensic medical examinations without financial cost to the victim. The policy also requires that where possible the forensic examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). When a SAFE or SANE is not available a qualified medical practitioner performs forensic medical examinations. Efforts to provide access to a SAFE or SANE are documented by the facility. The resident would be transported to Louisiana State University Health St. Francis Medical Center if a SANE staff was not available at the time of the allegation of sexual abuse/assault.</p> <p data-bbox="242 1232 1492 1561">The facility presented a Memorandum of Understanding (MOU) with Madison Parish Hospital which is where residents receive medical treatment. The resident would be transported to There has been no forensic examinations conducted in the past 12 months. The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. This is supported by the facility's relationship with the Wellspring Alliance for Families which was confirmed by this auditor who spoke with staff from Wellspring Alliance for Families and verified their agreement to provide victim advocacy to residents of the facility who experience sexual abuse. Policy 17.2 also requires that if and when a rape crisis center is not able to provide victim advocacy services that facility shall make the services available by a qualified agency staff member. Additionally, policy 17.2 requires that as requested by the victim, the victim advocate or qualified agency staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.</p> <p data-bbox="242 1592 1484 1653">Exceed compliance was determined by interview with staff, the medical center, the mental health provider and the programs offered by Wellsprigs Alliance for Families.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Christian Acres Youth Center Policy 17.2</p> <p>Example of Checklist</p> <p>OJJ finding of Investigation for last year</p> <p>MOU with Madison Parish Sheriff's Office</p> <p>http://www.ligis.state.la.us/les/lss.asp</p> <p>Emergency Notification Report</p> <p>Incident Checklist</p> <p>Policy 17.2.11 Chapter 17 (IV. Responsive Planning – Policies to ensure referrals of allegations for investigations) ensures that all allegations of sexual abuse and sexual harassment are administratively and or criminally investigated. Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations (Madison Parish Sheriff's Office), unless the allegation does not involve potentially criminal behavior. All allegation of sexual abuse or sexual harassment are investigated. The facility only conducts administrative investigations. Louisiana Office of Juvenile Justice also investigates allegations of sexual abuse. The Madison Parish Sheriff's Office has the responsibility for conducting criminal investigations of sexual abuse. A Cooperative Agreement between the facility and Sheriff's Office was presented for review and is in keeping with this standard related to sexual abuse investigation. The Cooperative Agreement requires that Madison Parish Sheriff's Office follows a uniform evidence protocol that is developmentally appropriate for youth when conducting sexual abuse investigations. Further, the evidence protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, "or similarly comprehensive and authoritative protocols developed after 2011. During the last 12 months there were 2 allegations of sexual abuse made by residents or third parties. Both allegations were referred to the local sheriff of investigations. One was investigated by the local sheriff, and one was referred back to the center for investigation. Interviews with the facility leadership, PREA Coordinator, and other staff confirmed their knowledge and understanding of, as well as their compliance with the policy's requirements.</p>

115.331	Employee training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 691 389">Christian Acres Youth Center Policy 17.3 a 1</p> <p data-bbox="242 418 411 448">CAYC Policy 4.4</p> <p data-bbox="242 477 560 506">CAYC Policy 9.8 zero tolerance</p> <p data-bbox="242 535 411 564">CAYC Policy 4.8</p> <p data-bbox="242 593 411 622">CAYC Policy 4.7</p> <p data-bbox="242 651 411 680">CAYC Policy 4.9</p> <p data-bbox="242 710 411 739">CAYC Policy 4.6</p> <p data-bbox="242 768 440 797">Training Curriculum</p> <p data-bbox="242 826 467 855">Training questionnaire</p> <p data-bbox="242 884 395 913">Yearly Training</p> <p data-bbox="242 943 1490 1966">CAYC Employee Training policy mandates that prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors, volunteers, and interns who have contact with the residents will be trained on: 1. The center Zero Tolerance Policy for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 3. Residents' right to be free from sexual abuse and sexual harassment. 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment juvenile facilities. 6. The common reactions of juvenile victims of sexual abuse and sexual harassment. 7. 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. 8. How to avoid inappropriate relationships with residents. 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent. 12. Cross Gender and Transgender/Intersex Frisk Searches All new employees sign the "Acknowledgement of New Hire Orientation PREA Training" form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. A review of all staff and training education forms, including a power point presentation, lesson plan, and observation of the day-to-day operations as well as staff interviews confirmed the staff is receiving their required PREA training. At the facility, the staff is trained continually about the PREA standards during shift briefings and the completion of various online trainings. Training records are documented on staff computerized training files. The training files contain each training provided including the dates, times, and duration of training. A pre and post-test will be given to ensure the staff, volunteers, and contractors understand the training received. The center provides a power point presentation of the training program provided to staff. The power point presentation provided all the information noted in the policy. CAYC also provides training on a continuous basis on Safety First and Safe Boundaries training programs with staff. Included in the annual training is refresher training on effective social engineering which assists staff in implementation of the youth growth programs including opportunities for residents to openly discuss history of sexual victimization and PREA programs. All staff are provided training in communication skills with residents and training on working with residents with mental health, and signs of past trauma including sexual victimization. The agency has added a training program on conducting cross gender or transgender and Intersex frisk searches (pat down). All staff are required to complete this training. Training roster and training records were reviewed and documented this training. At the facility, it was evident through documentation, interviews and observation of the day-today operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings. A review of the training records of 10 staff indicated staff have received the training. A</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 331 1458 387">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 421 655 448">Christian Acres Youth Center Policy 17.3</p> <p data-bbox="242 479 411 506">CAYC Policy 4.4</p> <p data-bbox="242 537 560 564">CAYC Policy 9.8 zero tolerance</p> <p data-bbox="242 595 411 622">CAYC Policy 9.1</p> <p data-bbox="242 654 411 680">CAYC Policy 4.7</p> <p data-bbox="242 712 411 739">CAYC Policy 4.9</p> <p data-bbox="242 770 411 797">CAYC Policy 4.6</p> <p data-bbox="242 828 587 855">Training Curriculum for Volunteers</p> <p data-bbox="242 887 539 913">Louisiana State of Limitations</p> <p data-bbox="242 945 539 972">Contractor Acknowledgement</p> <p data-bbox="242 1003 467 1030">Training questionnaire</p> <p data-bbox="242 1061 395 1088">Yearly Training</p> <p data-bbox="242 1117 1485 1435">Policy 17.3 Chapter 17 (Training and Education – Employee, Volunteer, and Contractor Training) requires that all volunteers and contract personnel receive orientation prior to their assignment. This training includes the volunteers' and contractors' responsibilities under the agency's policies and procedures. Currently, there are 15 volunteers or contractors assigned to the facility. Education programs are provided by the local school system. These staff attend the training required for full time staff. The facility ensures that if and when there are volunteers and contractors, they are trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is . The level and type of training contractors and volunteers are provided is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who may have contact with residents will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency will maintain documentation confirming that the volunteers and contractors understand the training they have received.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 671 389">Christian Acres Youth Center Policy 17.3.1</p> <p data-bbox="240 418 424 448">CAYC Policy 12.1</p> <p data-bbox="240 477 421 506">Intake Curriculum</p> <p data-bbox="240 535 443 564">Resident Handbook</p> <p data-bbox="240 593 435 622">PREA intake forms</p> <p data-bbox="240 651 571 680">PREA 10 day training curriculum</p> <p data-bbox="240 710 376 739">PREA Forms</p> <p data-bbox="240 768 405 797">Trifold Brochure</p> <p data-bbox="240 826 493 855">Trifold Brochure Spanish</p> <p data-bbox="240 884 831 913">Cooperative Agreement with Madison Parish School Board</p> <p data-bbox="240 943 509 972">Intake Curriculum Spanish</p> <p data-bbox="240 1001 531 1030">Posting English and Spanish</p> <p data-bbox="240 1111 1485 1738">Resident PREA Education mandate that PREA information, both orally and in writing for residents to receive comprehensive age-appropriate education information regarding safety, background information on PREA, prevention/intervention, self-protection, reporting and treatment/ counseling, and confidentiality. During the intake process provide residents education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Policy requires within ten (10) days of arrival residents receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Facilities are required to provide the PREA information for Limited English Proficient residents, and those with disabilities such as limited reading skills, deaf or visually impaired. The center shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center conducts an initial training on all new residents when received at the facility usually within 72 hours that provide all aspects of the training requirements. Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resource. The center has a Cooperative Agreement with Madison Parish School Board to provide support services for these residents.</p> <p data-bbox="240 1771 1485 2161">During the intake process the case managers meet with the residents to discuss the program objectives, answer his questions, and then complete the formal PREA comprehensive training. The comprehensive training includes all element of the PREA standards. During this training the residents goes on a tour and is shown where the PREA telephone is located. All posters are reviewed with the resident. Residents are provided with a brochure from the victim advocate group and staff read the brochure to the residents. Throughout the stay at the center, residents receive additional training on PREA. All residents new how to contact the advocacy program and most of the residents new of the services they would provide. Compliance was confirmed by review of the training curriculum, interview with direct care staff, center director, and residents. A review of ten (10) resident files confirmed the resident is provided the PREA education upon arrival. Also, the staff completes an "Admissions Checklist" form and document the intake information on a progress note. An interview with the PREA Compliance managers and documentation confirmed PREA education is provided to all residents upon arrival to the facility and monthly. All resident interviews stated they received the PREA information and identified the receipt of the brochure the same day they arrived at the facility. Compliance was determined through review of center policy, and support services and</p>

training materials. Additional compliance was determined by review of resident records and interviews with residents.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 398">Christian Acres Youth Center Policy 17.3.2</p> <p data-bbox="229 398 1509 443">Investigator's Certificate</p> <p data-bbox="229 443 1509 488">Advanced Training Certificate</p> <p data-bbox="229 488 1509 533">Investigator Training Curriculum</p> <p data-bbox="229 533 1509 869">The PREA Coordinator is the only person at the facility who has had the required training to conduct specialized investigations and is the sole person responsible for completing the administrative/informal investigations related to sexual harassment and sexual abuse. The agency maintains documentation of the PREA Coordinator's completion of specialized training. A review of the training curriculum included all areas of the PREA mandates for investigation. The investigator has completed basic investigator and advance investigator training. A review of investigation completed by the investigator were thorough, complete and included all areas of an administrative investigations. Criminal investigations are completed by Madison Parish Sheriff's Office. Compliance was determined by the investigation questionnaire, review of investigations and certification of completion of advance Sexual Abuse Investigative training.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 671 387">Christian Acres Youth Center Policy 17.3.2</p> <p data-bbox="242 418 831 445">Yearly Training for Mental Health and health Care Workers</p> <p data-bbox="242 477 639 504">Medical Specialized Training Certificate</p> <p data-bbox="242 535 783 562">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="242 593 576 620">Certificate for Mental Health Staff</p> <p data-bbox="242 651 708 678">Mental Health Specialized Training Curriculum</p> <p data-bbox="242 763 1493 891">The mental health and medical staff completed the general and refresher training provided for all staff members. Forensic medical examinations are not conducted by the facility medical staff. Christian Acres Youth Center mandates the medical and mental health staff (employee and contract) at the facility and are required to complete the basic PREA training and the specialized training for medical and mental health staff.</p> <p data-bbox="242 978 1482 1039">Documentation review confirmed both medical and mental health staff completed the initial required training and Specialized Training.</p> <p data-bbox="242 1126 1477 1187">In addition to the Zero Tolerance Policy , all full- and part-time medical and mental health care practitioners will be trained in the following:</p> <ol data-bbox="242 1218 1315 1563" style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse. <p data-bbox="242 1594 1490 1655">The facility provided training records indicated that medical and mental health staff had attended medical specialized training. A review of the training curriculum, sign in rosters and interview with medical and mental</p>

115.341	Obtaining information from residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 362 671 389">Christian Acres Youth Center Policy 17.3.2</p> <p data-bbox="240 421 783 448">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="240 479 738 506">Kaledacare year range and Number of Residents</p> <p data-bbox="240 537 443 564">CAYC Policy 17.4.1</p> <p data-bbox="240 595 424 622">CAYC Policy 12.3</p> <p data-bbox="240 654 592 680">Sexual Victimization Screening Tool</p> <p data-bbox="240 712 659 739">MOU with Preventive Measures (T. Sims)</p> <p data-bbox="240 770 687 797">Sexual violence assessment tool (Quarterly)</p> <p data-bbox="240 828 1493 1249">CAYA mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. The medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files are utilized for resident placement.. Also, policies require all residents to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents Screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the resident is or is perceived to be (LGBTQI) or gender nonconforming. Residents are reassessed at a minimum within three month and each quarter during their stay at the center. The facility's Policy limits staff access to this information on a "need to know basis". Also, prohibits the discipline of any resident for refusing to answer screening questions.</p> <p data-bbox="240 1281 1485 1509">Any resident that claims prior sexual victimization are seen by a mental health staff within 24 hours. The center utilizes the service of mental health program, Preventive Measures. Staff from the center visits the facility up to once a week. If a residents claims victimization a staff ffrom this program would see the residents usually within 24 hour, however always within 72 hours. Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization.</p> <p data-bbox="240 1541 1481 1635">Periodically throughout the resident's confinement information is obtained about the residents' personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Information is gathered through staff conversations with the resident, information provided by the probation department, and/or family member, and incident reports written by the staff.</p> <p data-bbox="240 1666 1477 1760">The facility utilizes classification to identify victims and predators and assigned residents to appropriate housing and provide additional information for mental health staff for providing services to the resident population. The center does not house predators.</p> <p data-bbox="240 1792 1485 1850">Based on the review of the agency Policy and procedures, observations and information obtained through staff and resident interviews, and review of 10 resident files, the facility has demonstrated compliance with this standard.</p>

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The Facility does not utilize Isolation.</p> <p data-bbox="229 318 1509 591">Policy 17.4.1 (Screening for Risk of Sexual Victimization and Abusiveness – Placement of residents in housing, bed, program, education, and work assignments) outlines that the agency use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Policy requires that the information gathered from the use of the assessment be shared only to the extent of keeping residents safe and shall be guarded to prevent exploitation of the residents. Policy further states that Christian Acres Youth Center does not isolate residents from other residents for the sole purpose of keeping them safe.</p> <p data-bbox="229 591 1509 920">There have been no residents placed in isolation in the last 12 months because he or she was at risk of sexual victimization. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator of likelihood of being sexually abusive, further, policy prohibits placing LGBTI residents into particular housing, bed or other assignments solely on the basis of such identification or status. Housing and programming assignments for transgender or intersex residents in a facility on a case-by-case basis. A review of resident files revealed all residents were appropriately classified and supervised according to the information gathered from the screening tools. Based on the records review of each resident and interviews of staff and residents the facility has demonstrated compliance with this standard.</p>

115.351	Resident reporting
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1460 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 654 389">Christian Acres Youth Center Policy 17.5</p> <p data-bbox="242 418 782 448">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="242 477 662 506">Pictures of telephone and phone numbers</p> <p data-bbox="242 535 438 564">Resident Handbook</p> <p data-bbox="242 593 502 622">Private Reporting Entities</p> <p data-bbox="242 651 454 680">Personnel Handbook</p> <p data-bbox="242 710 901 739">Responses and Reporting of Sexual Abuse or Sexual Harassment</p> <p data-bbox="242 819 1492 1081">The above policies, MOUs and External reporting mechanism identifies the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Included are Reporting registry hotline, confidential access through Victim Advocacy program to receive and forward reports of sexual abuse and sexual harassment to appropriate officials, allowing residents to remain anonymous upon request. Also, the policies identified the resident's accessibility to filing a grievance, communication (telephone, visitation, and correspondence) with their attorney and/or parent/guardian, staff providing access to the hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The center has provided a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p data-bbox="242 1111 1476 1207">Residents have the right to privately report sexual assault, abuse, harassment or 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 to Direct Care Staff, Volunteer, Intern, Supervisor, and administrators</p> <p data-bbox="242 1236 1492 1397">The residents also identified internal ways a resident may report such as completing a PREA/grievance form; talking to a trusted staff member; completing a Medical Request Form; or tell an outside person or family member. There are designated locked boxes and forms on the living units for depositing the written grievance forms. If a resident uses a grievance form to report allegations of sexual abuse or sexual harassment, he/she just needs to place his/her name on the form, check the appropriate space and place it in the grievance box.</p> <p data-bbox="242 1426 1484 1621">Signs are posted explaining how to access the Center and contains non-emergency numbers for local, State and National Reporting Agencies. The resident is also instructed on the signage to dial 911 for emergencies. Direct care staff revealed staff could use the emergency phone to report allegations of abuse. Allegations of sexual abuse have not been reported during this audit period. The facility does not detain residents solely for civil immigration purposes. It was recommended that the facility enhance the ways to report to include national reporting platforms. The facility added this as a correction action and update this information on all of the bulletin boards.</p> <p data-bbox="242 1650 1452 1711">Staff may privately report sexual abuse and sexual harassment of residents to their local law enforcement, state reporting agency, facility director or the PREA compliance manager.</p> <p data-bbox="242 1740 1492 1868">The residents interviewed stated they have contact with someone who does not work at the facility they could report abuse to if needed. Policies and staff interviews indicate staff members are required to immediately document all verbal reports. Staff members receive information on how to report allegations of sexual abuse and sexual harassment through policies and procedures, training, and staff meetings.</p> <p data-bbox="242 1897 1444 1993">Exceed compliance was determined by the multiple ways for residents to report allegation of sexual abuse or sexual harassment. Further exceed was determined by interviews with residents and their knowledge or how to report and their comfort in reporting to staff.</p>

115.352	<p data-bbox="231 71 1508 129">Exhaustion of administrative remedies</p> <p data-bbox="231 129 1508 197">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 197 1508 264">Auditor Discussion</p> <p data-bbox="231 264 1508 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="231 353 1508 421">Christian Acres Youth Center Policy 17.5.1</p> <p data-bbox="231 421 1508 488">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="231 488 1508 555">Grievance Forms</p> <p data-bbox="231 555 1508 622">Resident Handbook</p> <p data-bbox="231 622 1508 689">CYCA policy 13.13</p> <p data-bbox="231 689 1508 801">Policies 17.5.1 (Reporting-Exhaustion of Administrative Remedies Grievance and Appeal Process provides the administrative process for dealing with resident grievances regarding sexual abuse. Residents are provided information as to how to file a grievance during the intake process and again by the PREA Coordinator. Policy dictates that there is no time limit for a resident to submit a grievance regarding an allegation of sexual abuse.</p> <p data-bbox="231 801 1508 1003">CAYC does not require any resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Further, agency policy and procedure allows for a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. In the past 12 months there have been no grievances filed that alleged sexual abuse.</p> <p data-bbox="231 1003 1508 1317">In the past 12 months there have been no grievances filed alleging sexual abuse that involved extensions because a final decision was not reached within 90 days. Policy requires that residents are notified in writing when the agency files for an extension, including notice of the date by which a decision will be made. Additionally, policy 17.5.1 permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Policy 17.5.1 requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents a resident's decision to decline. Further, policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.</p> <p data-bbox="231 1317 1508 1565">There have been no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of a resident's decision to decline. As it relates to the filing of emergency grievances alleging substantial risk of imminent sexual abuse, policy 17.5.1 outlines the established procedures. This policy requires an initial response within 48 hours after filing an emergency grievance alleging substantial risk of sexual abuse and requires the agency to issue a final decision be issued within five days. In the past 12 months there have been no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 362 684 389">Christian Acres Youth Center Policy 17.5.21</p> <p data-bbox="240 421 448 448">Advocate Handbook</p> <p data-bbox="240 479 437 506">Access to numbers</p> <p data-bbox="240 537 783 564">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="240 595 445 622">Resident Handbook</p> <p data-bbox="240 654 472 680">Limits to confidentiality</p> <p data-bbox="240 712 421 739">CYCA policy 13.2</p> <p data-bbox="240 770 561 797">MOU with Preventive Measures</p> <p data-bbox="240 828 585 855">MOU with The Wellspring Alliance</p> <p data-bbox="240 936 1485 1232">The center has a MOU with Wellspring Alliance which provides the following: a 24/7 hotline staffed by certified victim advocate; certified victim advocates to respond to requests for advocacy and accompaniment during forensic examination; counselling; follow up support; and referral for treatment after release or transfer to another facility. Signs containing the Wellspring Alliance Center hotline number and basic information about the service were observed throughout the facility. Contact information for advocacy services is a part of the PREA education sessions and is also provided to each resident in the PREA brochure. Information is also provided through signs and posters in various parts of the facility including each living unit. The resident interviews revealed their knowledge of the advocacy services available to them and the limitations of confidentiality. The hotline telephone was observed in each living unit and the contact information for services from the agencies was posted. The telephone was tested, and a person answered the telephone.</p> <p data-bbox="240 1317 1461 1415">The center also has a MOU with Preventive Measures that provides a mental health professional to see any residents that claims sexual victimization any time they are housed at the facility. The mental health professional visits the center on a regular basis and would also provide emotional support at the request of victims or center staff.</p> <p data-bbox="240 1500 1453 1630">Christian Acres Youth Center Policy 17.5.21 addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided by Wellspring Alliance. Samples of acknowledgement statements were reviewed.</p> <p data-bbox="240 1662 1481 1787">Attorneys are provided private areas to meet with residents. All services for advocacy services, attorney visits and child victimization must comply with State and Federal laws of reporting of child abuse. Compliance was determined by review of center visitation rules, policies, and memorandums, poster located throughout the facility and interview with Director of the Wellspring Alliance and mental health provider.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 398">Christian Acres Youth Center Policy 17.5.3</p> <p data-bbox="229 398 1509 443">Parent Handbook</p> <p data-bbox="229 443 1509 488">Access to numbers</p> <p data-bbox="229 488 1509 533">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="229 533 1509 577">Resident Handbook</p> <p data-bbox="229 577 1509 622">CAYC website</p> <p data-bbox="229 622 1509 667">Posters for reporting</p> <p data-bbox="229 667 1509 1079">Policy 17.5.3 (Reporting – Third Party Reporting) requires the agency establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. Additionally, the agency website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment and encourages reports on behalf of a resident. Staff and resident interviews revealed all were aware of a resident's right to report sexual abuse or sexual harassment to a trusted staff member as well as third parties and others outside of the facility including their parents/legal guardians and attorneys. During staff interviews the responses indicated that staff clearly understood to immediately report and document all allegations and suspicions of sexual abuse and sexual harassment. Staff and residents were able to provide various examples of third parties, including "parents, guardians, trusted adults, and attorneys".</p> <p data-bbox="229 1079 1509 1164">Compliance was determined by reviewing Posters, interviewing staff and contacting the center website at www.christianayc.com.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 667 389">Christian Acres Youth Center Policy 17.6a</p> <p data-bbox="242 418 454 448">Employee Handbook</p> <p data-bbox="242 477 437 506">CAYC Policy 3.22a</p> <p data-bbox="242 535 379 564">Staff Training</p> <p data-bbox="242 593 448 622">Posters for reporting</p> <p data-bbox="242 651 1477 810">Christian Acres Youth Center Policy 17.6 establishes that staff or mandate reporters. Further, all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Upon receiving any allegation of sexual abuse, staff will call 1-855-452-5437.</p> <p data-bbox="242 840 1490 936">DJJ Policy mandates and interviews with random staff confirmed that persons making the reports of any incidents that would occur in the facility and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.</p> <ul data-bbox="242 965 1222 1106" style="list-style-type: none"> · Information is provided for investigative purposes to: Law Enforcement, DCFS and Licensing. · Therapeutic purposes to Case Manager, Counselor and Probation Officer · Medical treatment to Facility Nurse and medical professionals. <p data-bbox="242 1193 1450 1321">Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to this section, as well as the designated State or Local Services agency where required b mandatory reporting laws and are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.</p> <p data-bbox="242 1352 1495 1512">Staff and resident interviews revealed all were aware of a resident's right to report sexual abuse or sexual harassment to a trusted staff member as well as third parties and others outside of the facility including their parents/legal guardians and attorneys. During staff interviews the responses indicated that staff clearly understood to immediately report and document all allegations and suspicions of sexual abuse and sexual harassment. Staff and residents were able to provide various examples of third parties, including "parents, guardians, trusted adults, and attorneys".</p> <p data-bbox="242 1543 1292 1603">Compliance was determined by reviewing Posters, interviewing staff and contacting the center website at www.christianayc.com.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 671 387">Christian Acres Youth Center Policy 17.6.1</p> <p data-bbox="240 418 783 445">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="240 477 603 504">Cottage room and bed assignments</p> <p data-bbox="240 535 596 562">Memo regarding bedroom approval</p> <p data-bbox="240 593 448 620">Control Staff Report</p> <p data-bbox="240 651 1493 1010">Christian Acres Youth Center Policy 17.6 requires staff to protect the residents through immediately implementing protective measures. Interviews with the residents revealed their concerns about their own safety are discussed during the intake process and during the administration of Screening assessments. Policies requires that if the resident alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff with highest authority at the facility and the assistant facility director or facility director. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. There have been one instances where residents claimed to be in imminent danger of sexual abuse. The residents made this report after being informed that he was going to receive a misbehavior report while in the counselor's office. He was held in the counselor's office for one hour and twenty minutes while a preliminary investigation was conducted. Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility Director.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 687 387">Christian Acres Youth Center Policy 17.6.2d</p> <p data-bbox="240 418 783 445">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="240 533 1490 896">Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c)The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Christian Acres Youth Center Policy 17.6 requires the Director to notify the head of another facility within 72 hours upon receiving an allegation a resident was sexually abused while confined at another facility. If any allegation is made, the notifications and documentation of the notifications would be made according to facility policy. During the past 12 months, there were no allegations received a resident was abused while confined to another facility nor were there allegations of sexual abuse received by CAYC from other facilities. Compliance was determined by review of agency and facility policies and interviews with facility Director.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 692 387">Christian Acres Youth Center Policy 17.6. 4a</p> <p data-bbox="242 418 783 445">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="242 477 472 504">First Responder Cards</p> <p data-bbox="242 535 1493 929">The center trains all staff on first responder duties. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. The alleged perpetrator is kept physically separated from the alleged victim; ensure that alleged perpetrator has no contact with the alleged victim pending the outcome of the investigation; Secure the crime scene (the victim and the perpetrator are prevented from taking any actions that may destroy physical evidence (such as washing/showering, changing clothes, brushing teeth, combing hair, or using the restroom, until an investigator arrives on the scene); and document the incident. All responders indicated they would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. There was one allegation of sexual abuse during the last 12 months. The allegation was that a staff assisted a resident to walk away from the facility and had stayed with the resident for several days during the time he was away from the facility. This information was provided by a new resident, that was aware of the information and had received a behavior report from the staff that he made the allegation against. Staff (counselor) followed all protocol; stayed with the resident until a preliminary investigation was conducted and notified the director of the information.</p> <p data-bbox="242 960 1406 1021">Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff including the maintenance staff that does not deal directly with resident and counselor.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 673 387">Christian Acres Youth Center Policy 17.6.5</p> <p data-bbox="242 418 432 445">CAYC Policy 9.4.1</p> <p data-bbox="242 477 654 504">CAYA Coordinated Response Check list.</p> <p data-bbox="242 535 783 562">Christian Acres Youth Center Pre-Audit Questionnaire</p> <p data-bbox="242 593 474 620">First Responder Cards</p> <p data-bbox="242 651 1485 947">CAYA Coordinated Response includes a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The center has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility has developed a Coordinated Response Check List which is aligned with the detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The Plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management. The check list maps out the steps to take and staff responsibilities. The random staff interviewed was familiar with the roles regarding the response to an allegation of sexual abuse. The Director discussed the coordinated actions in response to an incident of sexual abuse which was parallel to Policy.</p> <p data-bbox="242 978 1406 1039">Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff including the maintenance staff that does not deal directly with resident and counselor.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Christian Acres Youth Center Policy 17</p> <p>Statement of Fact</p> <p>The center does not have a collective bargaining agreement with any trades. Policy mandates that any such collective bargaining on the agency's behalf would have to mandate 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.</p>

115.367	<p data-bbox="231 71 1508 123">Agency protection against retaliation</p> <p data-bbox="231 123 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 347">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="231 347 1508 414">Christian Acres Youth Center Policy 17.6.6</p> <p data-bbox="231 414 1508 481">CAYC Policy 9.4.3</p> <p data-bbox="231 481 1508 548">Statement of Fact</p> <p data-bbox="231 548 1508 884">Christian Acres Youth Center Policy 17.6.6 require the protection of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The policy requires the monitoring to take place for a period of 90 days or longer, as needed. The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Policy identifies measures to protect staff and residents including the following: a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services.</p> <p data-bbox="231 884 1508 1041">If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. The policy states if any other individual who cooperates with an investigation expresses the occurrence retaliation from another resident or staff member, CYCA shall take appropriate measures to protect that individual against retaliation.</p> <p data-bbox="231 1041 1508 1249">There was one instance that would require retaliation monitoring. The PREA compliance manager is the designated the retaliation monitor. She met with the resident when he made the allegation and continued to meet with him on a daily basis. However, she did not document these encounters. A Corrective Action Plan was required. She updated the monitoring instrument and provided memo that correction action plan was completed.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 671 387">Christian Acres Youth Center Policy 17.6.7</p> <p data-bbox="242 418 424 445">Statement of Fact</p> <p data-bbox="242 477 1477 871">olicy 17.6.7 Chapter 17 (Official Response Following a Resident Report – Post Allegation Protective Custody) CAYC does not use segregated housing to protect a resident who has alleged to have suffered sexual abuse. The facility utilizes the following precaution as needed to supervise a resident who alleges sexual abuse: Post Sexual Abuse Protection Plan or High Risk Sexual Abuse Protection Plan. The goal of initiating one of these plans is to describe specific protocols for residents while providing staff with the necessary information, training, and procedures to recognize warning signals of self-destructive behavior or severe emotional trauma following an incident of sexual abuse. It also provides staff with information regarding residents who may be at high risk of sexual abuse and are in need of special precautions. Post allegation protection is one component of the plan to protect residents identified as having suffered or may be at risk for sexual abuse. Documentation of the Plan will become a part of the resident's permanent file. No residents who alleged to have suffered sexual abuse were placed in isolation during the past 12 months. The facility has the ability to separate residents from each other within the facility and by moving residents to other facilities if the need arises. Compliance was determined by interviews with random staff, the facility director and PREA compliance manager.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 654 387">Christian Acres Youth Center Policy 17.7</p> <p data-bbox="242 418 424 445">Statement of Fact</p> <p data-bbox="242 477 1485 672">Policy 17.7 (Investigations _ Criminal and Administrative Agency Investigations) addresses criminal and administrative investigations. While CAYC only conducts administrative investigations, the facility ensures all elements of the standards are met in accordance with Policy 17.7. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Sustained allegations of conduct that appear to be criminal are referred for prosecution. Investigation at the center are conducted by Law Enforcement, DCFS Licensing and trained staff investigators. All allegations are referred to the above parties for investigative purposes.</p> <p data-bbox="242 701 1474 963">During the last 12 months there were two allegation of sexual abuse that were referred for investigations. One investigation was conducted by local law enforcement and was determined to be unsubstantiated for sexual abuse but substantiated for staff misconduct. The local law enforcement indicated that they did not have the authority to recommend prosecution since the documentation was out of their jurisdiction. The center has not closed the incident and has requested that law enforcement redress the allegations of staff misconduct. The second allegation was referred back to the center. The investigator determined that the allegation was founded. However, it did not rise to the level of criminal in nature. (two youth were horse playing and one grabbed the other resident testicles). The investigator also found staff misconduct for allowing residents to horse play in the living unit.</p> <p data-bbox="242 992 1493 1254">Policy mandates and a review of the written reports confirmed that the investigators assess the credibility of an alleged victim, suspect, or witness on an individual bases and not on the basis of that individual's status as a resident or staff; agency investigate allegation of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph or other truth-telling device as a condition for proceeding; administrative investigations include an effort to determine whether staff action or failure to act contributed to the abuse; administrative investigation document in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessment, and investigative facts and findings; criminal investigations document 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.</p> <p data-bbox="242 1283 1485 1344">Exceed compliance was determined by reviewing investigative reports, interviews with facility investigator and the number of stakeholders that are involved in conducting investigations.</p>

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 453 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 671 389">Christian Acres Youth Center Policy 17.7.1</p> <p data-bbox="242 418 424 448">Statement of Fact</p> <p data-bbox="242 477 1474 537">The investigator may make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence).</p> <p data-bbox="242 566 1369 595">Compliance was determined by interviews with random staff, the facility director and PREA compliance manager.</p>

115.373	Reporting to residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 671 389">Christian Acres Youth Center Policy 17.7.2</p> <p data-bbox="242 418 576 448">Results of the investigation forms</p> <p data-bbox="242 477 523 506">OJJ Result of investigations</p> <p data-bbox="242 591 1433 685">The PREA Policy mandates reporting to residents. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the allegations were determined to be unfounded) whenever:</p> <p data-bbox="242 714 1450 775">(a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency center, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="242 804 1458 864">(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p data-bbox="242 893 1468 954">(c) 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:</p> <p data-bbox="242 983 903 1012">(1) The staff member is no longer posted within the resident's unit.</p> <p data-bbox="242 1041 818 1070">(2) The staff member is no longer employed at the center.</p> <p data-bbox="242 1099 1433 1128">(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the center; or</p> <p data-bbox="242 1158 1425 1187">(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the center.</p> <p data-bbox="242 1216 1382 1276">(d) 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:</p> <p data-bbox="242 1305 1450 1335">(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the center; or</p> <p data-bbox="242 1364 1442 1393">(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the center.</p> <p data-bbox="242 1422 959 1451">(e) All such notifications or attempted notifications shall be documented.</p> <p data-bbox="242 1480 1469 1509">(f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p data-bbox="242 1538 1461 1697">Following and investigation of sexual harassment resident was provided a memo from facility Superintendent that resident assigned receipt. There was two allegations during the audit period. One of the residents had been discharges and there was not address available to make notification. The other allegation was investigated, and resident was notified that the findings was substantiated. Compliance was determined by copy of the memo of the findings with resident signature of receiving a copy of the investigation outcome.</p>

115.376	<p data-bbox="231 71 1508 1207">Disciplinary sanctions for staff</p> <p data-bbox="231 129 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 264 1508 336">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="231 347 1508 392">Christian Acres Youth Center Policy 17.8</p> <p data-bbox="231 403 1508 448">CAYC Policy 3.19</p> <p data-bbox="231 459 1508 504">CAYC Policy 3.20</p> <p data-bbox="231 515 1508 560">Personnel Action</p> <p data-bbox="231 638 1508 840">Policy 17.8 (Disciplinary Sanctions – Staff) outlines the agency’s disciplinary response related to violations of PREA policies by staff. Policy states staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Additionally, in the past 12 months one staff has been subsequently disciplined short of termination for violating the agency sexual abuse or sexual harassment policies. In the past 12 months, there have been one report to law enforcement or licensing boards following termination or resignation prior to termination of staff for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="231 862 1508 974">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.</p> <p data-bbox="231 985 1508 1187">All terminations for violations of CAYC’s PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Madison Parish Sheriff’s Office, unless the activity was clearly not criminal, and to any relevant licensing bodies. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. In the past 12 months, there have been one report to law enforcement or licensing boards following termination or resignation prior to termination of staff for violating agency sexual abuse or sexual harassment policies.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 655 387">Christian Acres Youth Center Policy 17.8</p> <p data-bbox="240 477 1477 607">Policy 17.8 provide any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. The Policies also provide for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies. The documentation and interviews with the PREA compliance manager and a contractor revealed the provision of information to volunteers and contractors that sexual misconduct with a resident is strictly prohibited.</p> <p data-bbox="240 636 1465 730">Documentation and the interview with the contractor indicate PREA training occurs. The contractor is aware of the zero-tolerance Policy and how to report allegations of sexual abuse or sexual harassment of residents. During this audit period, there have been no allegations of sexual abuse or sexual harassment involving a contractor or volunteer.</p> <p data-bbox="240 759 1158 786">Compliance was determined by review of volunteer files and interviews with Facility Director</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 831 387">Christian Acres Youth Center Policy 17.8.2 d- CAYC Policy</p> <p data-bbox="242 418 424 445">CAYC Policy 13.8</p> <p data-bbox="242 477 1477 871">CAYC Policy 17.8 policy requires a resident who makes a report of resident-on-resident sexual violence or employee sexual misconduct or sexual harassment that is determined to be false, may be charged with sanctions pursuant to the behavior management program if it is determined the report was made in bad faith. Residents shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting PREA Audit. Sanctions to 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. Policy requires consideration 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. The facility will make a consideration whether to require the offending resident to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse, are available. The Statement of Fact indicated during this audit period this facility has not had any incidents that require intervention for residents having sexual conduct.</p> <p data-bbox="242 902 1477 1095">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 or following a criminal finding of guilt for resident-on-resident sexual abuse. The Director interview confirms residents may also be referred to law enforcement for charges regarding resident-on-resident sexual abuse. Sexual activity between residents is prohibited and court or administrative processes and sanctions occur after determination the sexual activity was coerced. Residents will be disciplined for sexual contact with staff only when it has been determined the staff member did not consent to the sexual contact.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 654 387">Christian Acres Youth Center Policy 17.9</p> <p data-bbox="242 418 424 445">CAYC Policy 12.3</p> <p data-bbox="242 477 424 504">CAYC Policy 13.8</p> <p data-bbox="242 533 604 560">Sexual Victimization Screening Tool</p> <p data-bbox="242 591 686 618">Sexual violence assessment tool (Quarterly)</p> <p data-bbox="242 649 659 676">MOU with Preventive Measures (T. Sims)</p> <p data-bbox="242 705 756 732">Sexual Victimization Screening Referrals and notes</p> <p data-bbox="242 763 721 790">Revised Medical and Mental Health Care Policy</p> <p data-bbox="242 819 1481 1014">Policy 17.9 Chapter 17 (Medical and Mental Care – Medical and Mental Health Screenings; history of sexual abuse) All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days. In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is 100%. Medical and mental health staff maintain secondary materials documenting compliance with this required service.</p> <p data-bbox="242 1043 1485 1406">Christian Acres Youth Center does not accept individual who have previously perpetrated sexual abuse, however, if during the intake screening, a resident indicated that he has previously perpetrated sexual abuse; whether it occurred in an institutional setting or the community the counselor will provide this information to the program compliance coordinator and consult with probation office, guardian, mental health supervisor and or psychiatrist. Information shall be gathered within 14 days of admission to assess the appropriateness of placement. All residents who previously perpetrated sexual abuse, as indicated during the screening pursuant to §115.341, are offered a follow-up meeting with a mental health practitioner and that meeting will take place within 14 days of the intake screening. Mental health staff maintain secondary materials documenting compliance with this service. Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Documentation of their duty as mandated reporters to report abuse is disclosed to the resident in writing and signed by the resident acknowledging understanding</p>

115.382	Access to emergency medical and mental health services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 362 659 389">Christian Acres Youth Center Policy 17.9.</p> <p data-bbox="240 421 424 448">CAYC Policy 12.3</p> <p data-bbox="240 479 424 506">CAYC Policy 13.8</p> <p data-bbox="240 537 432 564">MOU with Hospital</p> <p data-bbox="240 595 799 622">MOU with Wellsprings Alliance for Families, Monroe La.</p> <p data-bbox="240 654 659 680">MOU with Preventive Measures (T. Sims)</p> <p data-bbox="240 712 756 739">Sexual Victimization Screening Referrals and notes</p> <p data-bbox="240 770 719 797">Revised Medical and Mental Health Care Policy</p> <p data-bbox="240 828 1481 1048">Christian Acres Youth Center Policy 17.9.requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the direct care staff. The facility utilizes Local Hospital for emergency medical treatment and forensic examination by SANE/SAFE staff. Wellsprings Alliance for Families, Monroe La. would accompany the youth and provide advocacy services in cases of sexual abuse.</p> <p data-bbox="240 1079 1490 1442">The evaluation and treatment shall 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. Medical and mental health services shall be provided to the victims consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of the victim names the abuser or cooperates with any investigation of the incident. The center shall 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. The center mental health MOU with Preventive Measures practitioners will determine the length of treatment needed.</p> <p data-bbox="240 1473 1461 1568">Compliance was determined by review of Policy and interview with mental health, and medical staff. Also interviews with Preventive Measures mental health services and Wellsprings Alliance for Families, Monroe La. confirmed compliance with this standard.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 347">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="231 347 1508 414">Christian Acres Youth Center Policy 17.9.</p> <p data-bbox="231 414 1508 481">MOU with Hospital</p> <p data-bbox="231 481 1508 548">MOU with Wellsprings Alliance for Families, Monroe La.</p> <p data-bbox="231 548 1508 616">MOU with Preventive Measures (T. Sims)</p> <p data-bbox="231 616 1508 683">Revised Medical and Mental Health Care Policy</p> <p data-bbox="231 683 1508 1332">Policy 17.9.2 (Medical and Mental Care - Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers) addresses ongoing medical and mental health care for sexual abuse victims and abusers. Policy 17.9.2 requires CAYC to offer ongoing medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. CAYC does not house female residents. CAYC has entered into a Cooperative Agreement with Madison Parish Hospital for treatment of residents. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Additionally, the facility will attempt to obtain a mental health evaluation within 60 days of learning of such abuse history and offers treatment when deemed appropriate by a mental health practitioner. Agency policy and responses received during interviews with medical and mental health staff and the PREA Coordinator confirm compliance with this standard. The evaluation and treatment shall 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. Medical and mental health services shall be provided to the victims consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of the victim names the abuser or cooperates with any investigation of the incident. The center shall 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. The center mental health MOU with Preventive Measures practitioners will determine the length of treatment needed.</p> <p data-bbox="231 1332 1508 1449">Compliance was determined by review of Policy and interview with mental health, and medical staff. Also interviews with Preventive Measures mental health and Wellsprings Alliance for Families, Monroe La. confirmed compliance with this standard.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 362 667 387">Christian Acres Youth Center Policy 17.10</p> <p data-bbox="242 421 496 445">Incident Review Form (2)</p> <p data-bbox="242 535 1484 595">Christian Acres Youth Center requires that all PREA related incidents that are closed without a finding of 'unfounded' require an incident review be conducted by Center.</p> <p data-bbox="242 685 1481 777">The purpose of these reviews is to determine if policies or procedures should be changed, the motivation behind the assault such as gang or race related, were there physical barriers where the incident occurred that prevented detection, did the facility have adequate staffing levels at the time and an assessment of the monitoring technology in use.</p> <p data-bbox="242 808 1489 934">During the last 12 months there have been two cases that have been closed Both allegations included either unsubstantiated or substantiated so an Incident Review Team met to review the incidents. The incident review team review all aspects of the standard and made recommendation to include training. Compliance was determined by review of the Incident Review Team Forms.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Christian Acres Youth Center Policy 17.10</p> <p data-bbox="229 416 1509 479">2019 ssv6 form</p> <p data-bbox="229 479 1509 542">Louisiana Office of Juvenile Justice (OJJ) 2020 Report</p> <p data-bbox="229 542 1509 748">Christian Acres Youth Center Policy 17.10 and a review of reports confirm that CAYC collects incident-based, uniform data regarding allegations of sexual abuse at CAYC using a standardized instrument and specific guidelines. The format used for CAYC capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ).</p> <p data-bbox="229 748 1509 916">CAYC maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by Louisiana Office of Juvenile Justice. Compliance was determined by reviewing data collections for preceding three years and review of CAYC and OJJ websites.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 679 387">Christian Acres Youth Center Policy 17.10a</p> <p data-bbox="242 418 504 445">Incident Reviews for 2020</p> <p data-bbox="242 477 504 504">Incident Reviews for 2019</p> <p data-bbox="242 535 504 562">Incident Reviews for 2018</p> <p data-bbox="242 593 445 620">Annual Report 2020</p> <p data-bbox="242 651 445 678">Annual Report 2019</p> <p data-bbox="242 710 445 736">Annual Report 2018</p> <p data-bbox="242 768 788 795">Louisiana Office of Juvenile Justice (OJJ) 2020 Report</p> <p data-bbox="242 826 1490 1151">Policy 17.10.2 (Data Collection and Review – Data review for corrective action) address compliance with this standard. CAYC will review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and training, including: identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings from its data review and any corrective actions for the facility and agency as a whole. The report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of CAYC’s progress in addressing sexual abuse. The report shall be approved by the Director and made readily available to the public through the agency website: www.christianayc.com. CAYC reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of CAYC, but in so doing will indicate the nature of the material redacted. A review of documentation and interviews confirm this practice.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 679 387">Christian Acres Youth Center Policy 17.10a</p> <p data-bbox="242 418 504 445">Incident Reviews for 2020</p> <p data-bbox="242 477 504 504">Incident Reviews for 2019</p> <p data-bbox="242 535 504 562">Incident Reviews for 2018</p> <p data-bbox="242 593 446 620">Annual Report 2020</p> <p data-bbox="242 651 446 678">Annual Report 2019</p> <p data-bbox="242 710 446 736">Annual Report 2018</p> <p data-bbox="242 768 788 795">Louisiana Office of Juvenile Justice (OJJ) 2020 Report</p> <p data-bbox="242 880 395 907">CACY Website</p> <p data-bbox="242 992 1461 1155">Policy 17.10.3 (Data Collection and Review – Data storage, publication, and destruction) requires that the agency ensures that incident-based and aggregate data are securely retained. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection unless Federal, state, or local laws require otherwise. Interviews with the Director and PREA Coordinator along with policy demonstrates compliance with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 465">The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both resident and staff. Christian Acres Youth Center is a nonprofit group home that is licensed by the Louisiana Licensing Board. The Center operates only one facility. The facility was audited for PREA in March 2016 and December 2018, The auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout the facility on September 6, 2021, to allow residents and staff to send confidential letters to the auditor prior to the audit. There was no correspondence from resident or staff received from staff or residents.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility was audited for PREA in March 2016 and December 2018, The auditor was provided supporting documentation before and during the audit.

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.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

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)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: 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 through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's 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.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	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	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate 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).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does 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?	no
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	no
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	no
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	no

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

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?	no
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (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.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or 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.)	yes
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