

# PREA Facility Audit Report: Final

**Name of Facility:** Ware Youth Center Residential

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 01/16/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Johnitha R. McNair	<b>Date of Signature:</b> 01/16/2018

AUDITOR INFORMATION	
<b>Auditor name:</b>	McNair, Johnitha
<b>Address:</b>	
<b>Email:</b>	johnitha@comcast.net
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	12/06/2017
<b>End Date of On-Site Audit:</b>	12/07/2017

FACILITY INFORMATION	
<b>Facility name:</b>	Ware Youth Center Residential
<b>Facility physical address:</b>	3565 Highway 71, Coushatta, Louisiana - 71019
<b>Facility Phone</b>	318-932-4411
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Staci Scott	<b>Title:</b>	Assistant Director
<b>Email Address:</b>	staciscott@wareyouthcenter.com	<b>Telephone Number:</b>	318-934-3185

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

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

Facility Health Service Administrator			
<b>Name:</b>	Debbie Vasocu	<b>Title:</b>	Nurse
<b>Email Address:</b>	debbievasocu@wareyouthcenter.com	<b>Telephone Number:</b>	318-932-4411

Facility Characteristics	
<b>Designed facility capacity:</b>	60
<b>Current population of facility:</b>	45
<b>Age range of population:</b>	10-17
<b>Facility security level:</b>	Minimum
<b>Resident custody level:</b>	Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	65

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

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

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

## AUDIT FINDINGS

### **Narrative:**

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

The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit and photos of the postings were emailed to the auditor to verify the postings. The Pre-Audit Questionnaire and the supporting documentation were completed using the Online Auditing System. All was completed prior to the on-site portion of the audit which provided time for the auditor to review. There were several phone calls between the auditor and the PREA Coordinator in reference to the documentation which assisted in a smooth and informed audit. The Ware Youth Center Group Home and Intensive Residential took place on the dates of December 6, 2017 and December 7, 2017. An entrance conference took place on Monday, December 3, 2017. In attendance were the Executive Director, the Assistant Director, the PREA Coordinator, agency PREA Compliance Managers, Medical, Mental Health, HR and administrative staff. The exit interview took place on December 8, 2017. The audit was conducted by this auditor who was assisted by two additional certified PREA auditors, I hold a dual certification in juvenile and adult facilities and the other two auditors hold certifications in juvenile facilities. The auditors helped conduct interviews and review records and other facility documentation. The audit team arrived at the facility at 8:00 a.m. on Wednesday, December 6, 2017. A complete facility tour was conducted on December 6, 2017; the auditor was granted full access to the facility and grounds. During the tour, the auditor noted the 34 facility cameras to augment and supplement supervision; PREA posters and addresses and phone numbers for outside support and advocacy for residents; the auditors observed movement of residents throughout the facility and during their normal routines. The auditor observed resident professional visits, residents at school, residents during leisure time, at meals and during recreation. The auditor observed the staff posting and positioning and spoke to staff regarding their daily posts, routines and supervision practices. Upon completion of the facility tour, residents and staff interviews took place. The team departed the facility at 6:00 p.m. On Thursday, December 7, 2017 the team arrived at 8:00 a.m. and resumed resident and staff interviews prior to reviewing files and facility documentation. The team departed the facility at 6:00 p.m. The exit conference took place on Friday, December 8, 2017 at 9:00 a.m. In attendance at the exit conference were the Executive Director, the Assistant Director the PREA Coordinator, agency compliance managers and various administrative and supervisory staff. On the days of the audit the total population for Ware Youth Center Group Home and Intensive Residential was 45. A total of 20 residents were interviewed to complete 31 interview guides. The oldest and youngest residents were selected for interviews, as well as the residents with the longest and shortest lengths of stay. Other residents interviewed included, but were not limited to: Residents who disclosed prior victimization, Trans-gendered, Intersex, Gay, Lesbian, and Bisexual residents, and Residents who reported a Sexual Abuse. In addition to the interviews conducted for Agency Head, Superintendent or designee, PREA Coordinator and PREA Compliance Manager; 27 staff interviews were conducted: Nine randomly selected staff, and 18 specialized staff. The responses of staff and residents during their interviews as well as a review of all resident files and training documentation confirmed that all had received PREA training. Staff members were interviewed from all shifts. All 45 files of the residents assigned to the facility during the on-site portion of the audit were reviewed to confirm PREA education, screening and re-screening, proper housing assignments based on information from the risk screening

and other PREA related information and documentation. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to: log books, shift reports, incident reports, policies and procedures, training records/logs and curriculum. The audit team successfully completed a call to Project Celebration and spoke with a representative who confirmed 24 hour hotline service, one-on-one counseling, hospital advocacy, educational training for residents and staff, and access to a forensic nurse. The call was made on December 8, 2017. During the on-site portion of the audit and after its completion, additional documentation was provided as requested.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Ware Youth Center is located approximately 3 ½ miles outside the town of Coushatta in Red River Parish, State of Louisiana on US Highway 71. Red River Parish is in the northwestern quadrant of the state, and Coushatta, the parish seat, is 25 miles east of Mansfield, 32 miles northwest of Natchitoches and 52 miles southeast of Bossier City. The facility is uniquely positioned on 125 acres that adds significant artistic value to the rural setting. Ware Youth Center is comprised of eight buildings which include living units, gymnasium, cafeteria, medical suite, education area, maintenance shop and training facility. The youth have access to outside recreation and green space. The facility is accredited by the American Correctional Association and licensed by the State of Louisiana. Ware Youth Center is also a member of the American Correctional Association (ACA) and the Correctional Accreditation Managers' Association (CAMA). The center is comprised of intensive residential and a group home component. Security and supervision is heightened and supported by 34 video cameras which are located throughout the interior and exterior of the facility.

The Ware Youth Center is a 24-bed intensive residential environment for females and 22-bed residential facility for females and males. The 22-bed facility is a Group Home/Treatment Program that offers 10 female beds in Group Home and, 6 female beds in substance abuse treatment and 6 male beds in substance abuse treatment. Ages of youth at the facility range between 10 and 17. The living units were well lit and provided clear sight lines for supervision and monitoring. The units were furnished with modern furnishings, carpeting and space for group activities as well as individual spaces for residents. The residents are allowed to decorate and individualize their areas with colorful drawings, pictures, posters, vision boards and colorful youth-inspired bedding and pillows. Each unit had a library stocked with books, games, puzzles and activity books for the residents. The facility provides supervision of youth in a safe, secure, and humane environment. Services for youth include education, mental health, substance abuse and somatic health care. Medical and Mental Health Services are available to youth seven days a week. Educational services are provided by Louisiana Department of Education. The facility operates with a total of 63 staff who may have contact with residents. A typical day for a youth involves hygiene, meals, school, structured physical and leisure activities and visits from family, attorneys, social services and other professionals. On a typical day youth may also receive medical and mental health services including substance abuse counseling. The average length of stay for residents is approximately six months.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	42
<b>Number of standards not met:</b>	0

Audit Findings:

Standards Exceeded: 0

Standards Met: 43

115.311, 115.312, 115.313, 115.316, 115.317, 115.318, 15.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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



115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.2 mandates zero tolerance of all forms of sexual abuse and sexual harassment and details the agency's approach to implementing the standards. The agency organizational chart reflects the designation of both a PREA coordinator and PREA compliance manager. Policy 27.1 provides the required PREA definitions. Policy 15.8 outlines the agency's approach to implementing PREA standards as well as the guidelines and procedures for guidelines for implementing the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It also addresses Conduct and Performance, contains prohibited behaviors for staff, and includes sanctions for employees and youth who have participated in the prohibited behaviors. Because the agency has multiple facilities, the agency has designated PREA Compliance Managers at each site. Both the PREA Coordinator and the PREA compliance manager positions are designated in the organizational structure and verified by the auditor by reviewing the organizational chart which reflects that the PREA Coordinator, who is the Assistant Director; reports to the Executive Director. In keeping with the expectations of this standard, the PREA Coordinator confirmed through the interview process with the auditor that she has sufficient time and authority to develop, implement and oversee the agency's efforts to comply with the PREA standards.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home/Intensive Residential Policy 27.2</li> <li>• Ware Youth Center Group Home/Intensive Residential Policy 27.1</li> <li>• Ware Youth Center Group Home/Intensive Residential Policy 15.8</li> <li>• Ware Youth Center Group Home/Intensive Residential Pre-Audit Questionnaire</li> <li>• Ware Youth Center Group Home/Intensive Residential Organizational Chart</li> <li>• Ware Youth Center Group Home Intensive Residential job description for Assistant Director</li> <li>• Interviews with PREA Coordinator and PREA Compliance Manager</li> </ul>

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This auditor reviewed all three agency contracts entered into or renewed for the confinement of residents on or after August 20, 2012. All of the contracts require contractors to adopt and comply with PREA standards and they all require the agency to monitor the contractor's compliance with PREA standards. Discussions with the PREA Coordinator confirm the agency's compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home/Intensive Residential Pre-Audit Questionnaire</li> <li>• Ware Youth Center Contracts for confinement</li> <li>• Interview with PREA Coordinator</li> </ul>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The facility presented an Annual Staffing Plan which detail and outline the process by which current staffing, possible changes to staffing, and future staffing determinations are analyzed and made. The plan provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the facility has taken into consideration the following factors: (1) generally accepted juvenile detention and correctional/secure residential practices; (2) any judicial findings of inadequacy; (3) any findings of inadequacy from Federal investigative agencies; (4) any findings of inadequacy from internal or external oversight bodies; (5) all components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated; (6) the composition of the resident population; (7) the number and placement of supervisory staff; (8) institution programs occurring on a particular shift; (9) any applicable State or local laws, regulations, or standards; (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) any other relevant factors. . Supervisory personnel, including upper level supervisors and administrators are conducting and documenting unannounced rounds on all shifts. Documentation was reviewed and found to be compliant. Ware Youth Center Detention maintains a minimum of 1:8 ratio during waking hours and a minimum of 1:16 ratio during sleeping hours. The facility ensures that these supervision staff to resident ratios only include security staff. During the past twelve months, there have been no deviations from the staffing plan. In addition to direct supervision of residents, the facility is equipped with a video monitoring system with cameras that support efforts to protect residents from sexual abuse and sexual harassment. The auditor was able to observe staff postings during waking and sleeping hours, as well as the use of the camera system to supplement supervision and monitoring; including playback of data and captured video. Policy 27.4 requires intermediate and higher level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Policy requires that the rounds are documented. The policy and practice is implemented for night shifts as well as day shifts. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring. A review of documentation as well as interviews confirmed the practice of unannounced rounds.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home/Intensive Residential Policy</li> <li>• Ware Youth Center Group Home/Intensive Residential Annual Staffing Plan</li> <li>• Ware Youth Center Group Home/Intensive Residential Center Pre-Audit Questionnaire</li> <li>• Auditor Review of Video Files of Unannounced Rounds</li> <li>• Observations of the Auditor during the on-site portion of the audit</li> <li>• Interviews with PREA Coordinator and Compliance Manager</li> <li>• Interviews with staff</li> </ul>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policies and practices address the agency's approach to compliance with this standard. Policy 27.5 prohibits cross-gender pat or strip searches outside of exigent circumstances. When exigent circumstances are present, all cross-gender searches must be justified and documented. Policy 27.5 further states that visual body cavity searches may only be conducted by the Nurse. During the past 12 months, there were no cross-gender strip or visual body cavity searches and no cross-gender pat-down searches of residents. Policy prohibits searching or examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Additionally, Policy 27.5 requires that residents have access to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing them. Additionally, staff of the opposite gender shall announce their presence when entering resident housing units or other areas where residents are likely to be showering or performing bodily functions or changing clothing. Observations during the facility tour and interviews with staff and residents verified these practices are in place. Signs were clearly posted which remind staff to make the cross-gender announcement prior to entering the housing units. Staff was observed making the cross-gender announcement during the audit tour. Interviews with residents and staff confirm compliance with agency policy and procedures.</p> <p>100 % of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with the security needs of the facility. A review of training documentation related to searches, as well as interviews with staff and residents support the practices as outlined by policy and in keeping with compliance with the standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.5</li> <li>• Training sign in sheets and curriculum</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with residents and staff</li> <li>• Interview with PREA Coordinator</li> <li>• Observations of Auditor during the on-site portion of the Audit</li> </ul>

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.6 requires that residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. 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. The facility has entered into memorandums of understanding with two organizations for the provision of services to those youth who are deaf or hard of hearing and youth who have limited English proficiency that have reported sexual abuse. Various forms are available to youth in both English and Spanish and PREA posters and information is also posted in English and Spanish throughout the facility. The facility has had no residents with disabilities in the last 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.6</li> <li>• Review of Various forms translated into Spanish</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with residents and staff</li> <li>• Interview with PREA Coordinator</li> <li>• Observations of Auditor during the on-site portion of the Audit</li> <li>• Interview with Executive Director</li> </ul>

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.7 requires criminal background screening for all new hires and contractors. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. Policy 27.7 also requires criminal background checks to be conducted every five years or have a system in place that captures this information. The facility is required to ask all applicants about previous misconduct; material omission regarding misconduct is grounds for termination. Interviews with staff and the personnel responsible for Human Resources and hiring and promotion decisions confirm compliance with this standard. A PREA Employee Questionnaire Form is required and completed with Annual Performance Evaluations, and prior to promotion of any employee in accordance with this code section. These forms are filed in employee personnel files. In the past 12 months Ware Youth Center Group Home and Intensive Residential has hired 25 staff that may have contact with residents and all 25 have had criminal background record checks completed. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. In the past 12 months there has been one contract for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.7</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interviews with staff</li> <li>• Interview with Human Resources Manager</li> <li>• Interview with PREA Coordinator</li> <li>• Review of PREA Mandated Disclosure Form</li> </ul>

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential 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 total of 34 cameras to supplement efforts in supervision and monitoring, they have discussed where additional cameras or other monitoring technology such as mirrors might be placed to reduce blind spots or other supervision issues related to the facility plant.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Observations of the Auditor during the on-site Tour</li> <li>• Observations of the Auditor during video review</li> <li>• Interviews with Staff</li> <li>• Interview with PREA Coordinator</li> <li>• Interview with Superintendent</li> </ul>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1484 1603">The facility only conducts administrative investigations related to sexual abuse investigations. Louisiana Office of Juvenile Justice also investigates allegations of sexual abuse. The Red River Parish Sheriff's Office has the responsibility for conducting all criminal investigations including those regarding sexual abuse. A Memorandum of Understanding between the facility and Sheriff's Office was presented for review and specifies roles of each of the parties. It was reported that the agreement was presented to the Sheriff's Office, however the agreement is unsigned. It is the recommendation of this auditor that the facility work diligently to secure a signed agreement with the Sheriff's Office if the agreement is to be considered as evidence to support compliance with this standard. It is reported by the PREA Coordinator that the Red River Parish Sheriff's Office follows a uniform evidence protocol that is developmentally appropriate for youth when conducting sexual abuse investigations. Ware Youth Center Group Home and Intensive Residential Policy 27.9 requires that all residents who experience sexual abuse have access to forensic medical examinations without financial cost to the victim. The policy also requires that where possible the forensic examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). When a SAFE or SANE is not available a qualified medical practitioner performs forensic medical examinations. Efforts to provide access to a SAFE or SANE are documented by the facility. The facility has Memorandums of Understanding (MOU) with Natchitoches Regional Medical Center and Project Celebration Sexual Assault Center. The MOUs ensure that a SAFE and or SANE is available to victims of sexual abuse and that a victim advocate is available to the victim, in person or by other means. Project Celebration Sexual Assault Center which provides victim advocacy services that include but are not limited to accompaniment to forensic examinations, counseling, crisis hotline, and training for staff and residents. The agreement verified that Project Celebration would provide victim advocacy to residents of the facility who experience sexual abuse. The facility also has staff that has received specialty training and is certified in sexual assault victim advocacy. Prior to departing the facility confirmation was made to the auditor during a telephone conversation with staff from Project Celebration. The staff confirmed their commitment to provide services to victims in response to an allegation, as well as training and education for residents and staff. There have been no forensic examinations conducted in the past 12 months.</p> <p data-bbox="252 1697 935 1731">Evidence relied upon to make auditor determination:</p> <ul data-bbox="252 1742 1356 2074" style="list-style-type: none"> <li>• Memorandum of Understanding with Project Celebration</li> <li>• Memorandum of Understanding with Natchitoches Regional Medical Center</li> <li>• Memorandum of Understanding with Red River Parish Sheriff's Office</li> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.9</li> <li>• Interviews with staff</li> <li>• Telephone Conversation with staff from Project Celebration</li> <li>• Interviews with PREA Coordinator</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> </ul>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.10 requires the immediate referral of all sexual abuse allegations to Red River Parish Sheriff's Office. Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The Red River Sheriff's Office conducts all criminal investigations. Administrative investigations may be conducted by Ware Youth Center, the Louisiana Office of Juvenile Justice and Child Protective Services. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were no allegations of sexual abuse received by the facility. Additionally, the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency website may be found at: <a href="http://www.wareyouthcenter.com">http://www.wareyouthcenter.com</a>. Interviews with the Executive Director and the PREA Coordinator and random staff confirmed their knowledge and understanding of, as well as their compliance with the policy's requirements.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.10</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> <li>• Review of the agency website: <a href="http://www.wareyouthcenter.com/PREA.php">http://www.wareyouthcenter.com/PREA.php</a></li> <li>• Interview with Executive Director</li> <li>• Interviews with Random Staff</li> </ul>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.11 outlines the agencies requirements for staff training. The training curriculum, staff training records and staff interviews indicates staff receives PREA training during initial training and during refresher training. The training curriculum provided covered: the agency’s zero tolerance policy, fulfilling responsibilities related to preventing, detecting, reporting, and response procedures; resident’s rights to be free from sexual abuse and sexual harassment; the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and harassment in juvenile facilities; the common reactions of sexual abuse and sexual harassment victims; detecting and responding to signs of actual and threatened sexual abuse; avoiding inappropriate relationships with residents; communicating professionally and respectfully with residents, including those residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. The training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment through briefings and regular meetings. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually and more frequently as needed. The agency ensures that employees who may have contact with residents understand the training they have received through employee signature.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.11</li> <li>• Ware Youth Center PREA Training Module</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Auditor review of training documentation</li> <li>• Auditor review of training curriculum</li> <li>• Interviews with staff</li> <li>• Interview with PREA Coordinator</li> </ul>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential contractors and volunteers are provided a manual created specifically for them which outlines their responsibilities and expectations including a section dedicated to PREA. They are required to review and are given the opportunity to ask questions about the PREA information provided. The information in the manual includes the volunteer's and contractor's responsibilities under the agency's policies and procedures. The number of volunteers and contractors trained in the agency's policies and procedures regarding zero tolerance, sexual abuse and sexual harassment prevention, detection, and response is seventeen (17). The agency also maintains documentation confirming that the volunteers and contractors understand the training they have received. A prepared document outlines information concerning PREA and the accompanying responsibilities. Contractors and volunteers acknowledge their understanding of the information. The document includes the reference to the zero tolerance policy and information on how to report incidents of sexual contact; and the document has to be signed and dated.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Contractor and Volunteer Manual</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.13 states that during Intake the Ware Youth Center will provide residents information in an age appropriate fashion, which will include: the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. Intake and or case management staff review the information with the residents and residents sign verifying receipt of the information. The procedures further require that youth receive additional information through training within ten days of intake. This training is comprehensive and age-appropriate and includes residents' rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting incidents and, the agency's policies and procedures related to responding to incidents of sexual abuse and sexual harassment. Documentation of residents' signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. The PREA information is presented in a manner that is accessible to all residents. During the facility tour PREA posters and reporting instructions were observed posted throughout the facility. If needed, the facility has facility staff and an agreement to provide translation services as well as hearing and visual impairment services for residents with disabilities or who may have limited English proficiency.</p> <p>A total of 82 residents admitted to the facility in the past 12 months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. Documentation of the residents' signatures is maintained by the facility. Files for all residents housed at the facility were physically inspected and reviewed by the auditor to confirm the practice of acquiring and maintaining signatures. Further confirmation of resident education was received during resident and staff interviews. During the facility tour the auditor observed the presence of PREA posters and reporting instructions posted throughout the facility.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy</li> <li>• Ware Youth Center Group Home and Intensive Residential Policy</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Auditor review of resident education materials</li> <li>• Auditor review of each resident's file</li> <li>• Interviews with Staff</li> <li>• Interviews with Residents</li> <li>• Interviews with PREA Coordinator</li> </ul>

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Ware Youth Center does not formally investigate allegations that meet the criteria of abuse, neglect, or criminal allegations, and does not employ investigators. Policy 27.29 addresses the agency's approach to this standard. While the agency does not conduct criminal sexual abuse investigations, they do handle the administrative aspects of sexual abuse investigations. This inquiry is informal and is only conducted to determine staff misconduct. These aspects include determining whether staff actions or failure to act contributed to the abuse and the investigation shall be documented in comprehensive written reports. If criminal involvement is suspected the investigation is referred to the Sheriff. Red River parish Sheriff's Office conducts all criminal investigations. The police investigator has been trained on conducting sexual abuse investigations. Documentation of the completed training by the Sheriff's investigator is maintained by the agency.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Residential Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> <li>• Interview with Executive Director</li> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.29</li> <li>• Review documentation of training of Sheriff's Investigator</li> </ul>

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.14 addresses this standard. The agency ensures training and education of all Medical and Mental Health staff. Documentation shows that the medical and mental health staff members have completed on-line specialized training through the National Institute of Corrections. While the facility nurses do not conduct forensic medical examinations, the facility does transport victims of sexual abuse to Natchitoches Regional Medical Center for treatment by SAFE or SANE medical professionals. Interviews with nurses and facility leadership support the documentation presented. 100% (2 total) of medical and mental health staff have been trained as required by agency policy. The documentation of all training is maintained by the facility.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.14</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interviews with Medical and Mental Health Staff</li> <li>• Interview with PREA Coordinator</li> <li>• Review of Training Certifications for all medical and mental health staff</li> </ul>



115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.15 addresses this standard. The Policy requires designated staff to obtain information about each resident's personal history and behavior to screen and assess residents for the potential of sexual victimization and abusiveness at intake and periodically throughout the resident's confinement. This screening for risk of victimization and abusiveness is completed on each resident within 72 hours of intake. The risk assessment is conducted using an objective screening instrument. 82 residents who had a length of stay of 72 hours or more were screened during the past 12 months. Staff and resident interviews and a review of every resident record confirmed that the screening for risk of sexual abuse victimization and sexual abusiveness toward other residents is being conducted; including periodic reassessments.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.15</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Review of screenings for all Youth</li> <li>• Review of screening tool</li> <li>• Observations made during the on-site portion of the audit</li> <li>• Auditor Interviews with Staff</li> <li>• Auditor Interviews with Residents</li> <li>• Auditor Interviews with PREA Coordinator</li> </ul>

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 27.16 addresses compliance with this standard. Policy prohibits considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator of likelihood of being sexually abusive, further, policy prohibits placing LGBTI residents into particular housing, bed or other assignments solely on the basis of such identification or status. Policy dictates that the agency will 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. There have been no residents placed in isolation in the last 12 months because he or she was at risk of sexual victimization. A review of youth files revealed youth currently at the facility who requiring high or moderate supervision as a result of the assessment were properly assigned in accordance with information obtained from the risk screening. Housing and programming assignments for transgender or intersex residents in a facility are made on a case-by-case basis. A review of the facility schematics and assignment of supervision levels to each individual room demonstrated compliance with the standard. Based on the records review of each resident, interviews of staff, and interviews of residents the facility has demonstrated compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.16</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Review of Vulnerability Assessment documentation</li> <li>• Interviews with PREA Coordinator</li> <li>• Interviews with Staff</li> <li>• Interviews with Residents</li> <li>• Auditor observation of physical plant</li> <li>• Review of facility schematics</li> </ul>

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 27.17 requires that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse; sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or other violations of responsibilities that may have contributed to such incidents. A resident may report to staff, use the grievance process, call the Office of Juvenile Justice (OJJ) hotline or a third party may report allegations. Additionally residents and staff education emphasize the residents' right to report verbally, in writing, anonymously and through third parties. Residents may also call the rape crisis center hotline to report sexual assault. Residents detained solely for civil immigration purposes will be provided with information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Residents receive reporting information at Intake and in the resident handbooks. Interviews with staff and residents support an understanding of the process and compliance with this standard. During interviews residents' responses demonstrated that they were familiar with the numerous avenues they may use to report abuse and were able to verbalize numerous ways to this auditor. The policy mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and that the reports are immediately documented. As mandated reporters, staff is required to report sexual abuse and sexual harassment of residents; staff may privately report directly to any administrator. Residents receive reporting information at intake, this information is also found in the resident handbook. Reporting information is clearly posted throughout the facility and adjacent to the telephones to assist residents in making reports using the telephone. Interviews with staff and residents support an understanding of the process including the multiple ways residents may report allegations of sexual abuse or sexual harassment as well as ways staff may privately report allegations of abuse. In addition to interviews, observations made during the tour confirmed the proper posting of information for residents.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.17</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Auditor Review of forms and reporting documentation</li> <li>• Interviews with Residents</li> <li>• Interviews with Staff</li> <li>• Interview with PREA Coordinator</li> </ul>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.18 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 within 10 days of intake. The PREA Coordinator reports; and the Grievance Policy states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual abuse. Residents are not required to use an informal grievance process or otherwise attempt to resolve with staff alleged instances of abuse. In addition to receiving this information at Intake the resident handbook contains information regarding the grievance system. A locked box is located in each cottage and is accessible to the residents for filing grievances privately. Grievance forms are located above each grievance box. Management staff checks the grievances boxes frequently. Policy states that residents will not be referred to the staff member who is the subject of the complaint. Policy further states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual misconduct. Additionally, policy 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. 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. There were no grievances alleging sexual abuse during the last twelve months. There were no regular or emergency grievances alleging a substantial risk of imminent sexual abuse filed in the past 12 months.</p> <p>Ware Youth Center Group Home and Intensive Residential Policy 27.18 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 have the grievance filed on their behalf. There have been no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, 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 outlines the established procedures. This policy requires an initial response within 48 hours after filing an emergency grievance alleging substantial risk of sexual abuse and requires the agency to issue a final decision be issued within five days. Lastly, policy limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months there have been no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.18</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interviews with Staff</li> <li>• Interviews with Residents</li> </ul>



115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive residential Policy 27.19 directs that 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 hotlines where available of local, state, or national victim advocacy or rape crisis organizations for persons detained solely for civil immigration purposes, immigrant service agencies. The facility shall enable reasonable communication between residents and these organizations in as confidential a manner as possible. An MOU with Project Celebration Inc. provides for outside victim advocacy services to all residents. The facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored. The facility informs residents prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State or local law. A review of the MOU states that the services include education and training for residents and staff, counseling services, and referral services for victims. The advocacy services were confirmed through interviews with staff. Youth have access to the phone number and mailing address to Project Celebration Inc. Youth interview confirmed that they knew how to make contact with Project Celebration if needed. Youth were also aware of the services provided. Staff and youth interviews confirmed that youth have reasonable and confidential access to their attorneys, other legal representation, as well as parents and legal guardians. Resident interviews confirmed that they were aware of the telephone numbers and addresses and how to make contact with outside support services. Answers from residents regarding service provision from confidential support services varied and included: therapy, assistance, help, therapy, and investigations. While the answers varied, it appeared residents understood that they would be provided assistance that was confidential and supportive in nature. Residents also reported that if they notified the outside victim advocacy agency that they were being abused or otherwise harmed the agency would be required to report that information. Staff and resident interviews confirmed that residents have reasonable access and that access is provided in as confidential a manner as possible. Interviews with residents and staff confirm that residents have access to their attorneys, other legal representation, as well as parents and legal guardians. Residents reported that they were able to make phone calls, visit with and send and receive mail from parents and guardians and their legal representatives.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.19</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Observations of the auditor made during the Facility Tour</li> <li>• Memorandum of Understanding with Project Celebration</li> <li>• Interviews with Residents</li> <li>• Interviews with Staff</li> </ul>

- Interviews with PREA Coordinator

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center has established a method by which third party reports of sexual abuse and sexual harassment can be made on behalf of a resident. The agency's website: <a href="http://www.wareyouthcenter.com/PREA.php">http://www.wareyouthcenter.com/PREA.php</a> provides the public with information regarding third-party reporting of sexual abuse or sexual harassment 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 others outside of the facility including their parents/legal guardians, victim advocacy agencies and attorneys. During staff interviews the responses indicated that staff understood to immediately report and document all allegations of sexual abuse and sexual harassment. Staff and residents were able to provide various examples of third parties, including "parents, guardians, trusted adults, and attorneys".</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Ware Youth Center website</li> <li>• Interviews with Staff</li> <li>• Interviews with Residents</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All Ware Youth Center staff are mandated reporters and are required by Policy 27.21 to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy also requires all staff to comply with applicable mandatory child abuse reporting laws. Review of the policy and interviews with staff supported compliance with this standard. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.21</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interviews with Staff</li> <li>• Interviews with Residents</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.22 requires that when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). There were no residents identified as being at risk for sexual abuse in the past 12 months. During interviews with staff, responses indicated that staff would take all allegations seriously. The responses of staff were in keeping with the policy outlining agency protection duties.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.22</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interviews with staff</li> <li>• Interview with PREA Coordinator</li> <li>• Interview with Executive Director</li> </ul>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.23 requires that upon receiving an allegation from a resident that he/she was sexually abused while confined at another confinement facility, the Executive Director or designee 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. Such notification shall be made as soon as possible but no later than 72 hours after receiving the allegation. Ware Youth Center shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with the standards. During the past 12 months, there were no allegations received that a resident was abused while confined at another facility nor were there allegations during the past 12 months of sexual abuse received by Ware from other facilities. The interview with the Executive Director revealed his knowledge and understanding of this policy and the PREA standard and his duty to immediately report allegations received of abuse of residents while confined at other facilities as well as the prompt investigations of reports to her of allegations received from other facilities regarding abuses that may have taken place at Ware.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.23</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with Executive Director</li> <li>• Interview with PREA Coordinator</li> </ul>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.24 requires staff to take specific steps to respond to a report of sexual abuse including: separating the alleged victim from the abuser, preserving any crime scene within a period of time that still allows for the collection of physical evidence, request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence, and document in writing the information received regarding the incident. Interviews with staff confirm they understand the importance of their roles in ensuring that the alleged abuser does not take any action to destroy physical evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence ensure the alleged abuse not take any action that could destroy physical evidence; and document in writing the information received regarding the incident. During staff interviews, they were able to speak to the aforementioned steps and their responses demonstrated a clear understanding of their roles as first responders. Medical and mental health staff were able to speak to their roles as responders to an incident once notified by staff. Medical spoke to completing an initial assessment of injuries and rendering aid as required. Medical also stated that any incident requiring a forensic medical examination would be referred out to Natchitoches Regional Medical Center for examination by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. During the past 12 months there were no allegations that a resident was sexually abused. Additionally, agency policy requires that if the first responder is not a security staff member that responder shall notify security staff and be required to request the alleged victim not take any action that might destroy physical evidence.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.24</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interviews with Staff</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The procedures in Ware Youth Center Group Home and Intensive Residential Policy 27.25 outline the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership. The plan details the order of the response by action and who is responsible for each action. The plan was reviewed and is in compliance with this standard. Interviews with the Executive Director and other staff including first responders revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse in keeping with the facility's coordinated response plan, the policy, and the PREA standards. Information from the interviews, the coordinated response plan, PREA policy and response of staff during interviews demonstrated compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.25</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Ware Youth Center Group Home and Intensive Residential Coordinated Response Plan Quick Reference</li> <li>• Interviews with Staff</li> <li>• Interview with PREA Coordinator</li> </ul>

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

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.27 requires the Program manager to ensure 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 agency has multiple protection measures to employ in its effort to protect staff and residents. The monitoring for retaliation will take place for a period of 90 days or longer, as needed. The PREA Coordinator and Program Managers shall monitor and investigate any instances of retaliation. Interviews with the Executive Director, PREA Coordinator and Program Managers have been designated by the agency as having primary responsibility of monitoring for possible retaliation. Interviews with the Executive Director, PREA Coordinator and Program Managers demonstrated a clear understanding of their roles to monitor for changes that may suggest possible retaliation by residents or staff; they were able to provide various examples including recognizing changes in staff and resident interactions; increased incidents/infractions; increased movement or assignments of residents between housing units; as it related to staff they responded they would look for changes in work habits (low quality – low productivity) calling out of work, increased discipline, and changes in work/unit assignments. The PREA Coordinator reported that she would actively monitor for retaliation by meeting with staff and residents who had reported sexual abuse or sexual harassment or who had cooperated with investigations. During the interview the PREA Coordinator indicated that she would respond immediately to remedy retaliation and that she would monitor for retaliation for at least 90 days and longer if the situation called for a longer monitoring period to ensure the safety of residents and or staff. The interview with the Executive Director indicated he would ensure compliance with the policy for monitoring for retaliation by meeting with the PREA Coordinator and Program Managers to ensure steps for protection were followed as outlined by policy. There were no incidents of retaliation occurring in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.27</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with Program Managers</li> <li>• Interview with PREA Coordinator</li> <li>• Interview with Executive Director</li> </ul>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The facility will only restrict a resident to a room as a last measure to keep a resident who alleges sexual abuse safe, Ware Youth Center will ensure that adequate measures are taken to provide separation between the alleged victim and alleged suspect, while ensuring that such separation does not represent a form of punishment for the alleged victim; the facility will only restrict a resident to a room as a last measure to keep a resident who alleges sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. Isolation may only be used as last resort when less restricted measures will not ensure the victims safety until alternate measure can be put in place. Residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. No residents who alleged to have suffered sexual abuse were placed in isolation during the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.28</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Ware Youth Center Group Home and Intensive Residential Policy 27.29 requires criminal investigations to be conducted by the Red River Parish Sheriff. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Administrative investigations will be documented and forwarded to law enforcement if substantiated. Policy further requires staff members to cooperate with all investigations. . The agency retains all written reports pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. Departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation. There have been no sustained allegations of abuse or harassment since August 20, 2012.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.29</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

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

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.30 requires that after an allegation of sexual abuse has been made by a resident; the resident shall be informed as to whether the allegation was substantiated, unsubstantiated or unfounded. All such notifications and attempts of notifications shall be documented. In the last twelve months there were no criminal or administrative investigations of alleged sexual abuse and not requirement for resident notifications. Discussion with the PREA Coordinator confirmed that if a criminal investigation is conducted by an outside agency, Red River Parish Sheriff's Office. Ware would then request the relevant information from the Sheriff's Office in order to inform the resident as to the outcome of the investigation. There were no investigations completed by an outside agency in the past 12 months. The policy requires that following a resident's allegation that a staff member has committed sexual abuse against a resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All such notifications and attempts of notifications shall be documented. There have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the facility in the past 12 months. The policy further states that following a resident's allegation that her or she has been sexually abused by another resident in the facility the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications are documented. There have been no notifications to residents pursuant to this standard in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.30</li> <li>• Ware Youth Center Group Home and Intensive Residential Policy Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

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

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.32 states that the agency will take appropriate remedial measures, and will consider whether to prohibit further contact with residents, in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Any contractor or volunteer engaging in sexual abuse of residents will be prohibited from contact with residents and subject to referral to local law enforcement and Department of children and Family Services Licensing Division unless the activity was clearly not criminal. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.32</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.33 states that residents 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; additionally, residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that a resident engaged in youth-on-youth sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, RJC shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. In the event a disciplinary sanction results in the isolation of a resident, Ware shall ensure that residents in isolation receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Access to general programming or education is not conditional on participation in such interventions. RJC disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. For the purpose of disciplinary action, the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. In the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.33</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> </ul>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.34 supports compliance with this standard. Residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening, pursuant to §115.341, will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. 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 maintains secondary materials documenting compliance with this required service. 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. In the past 12 months 100% of residents who disclosed previously perpetrating sexual abuse, as indicated during screening were offered a follow-up meeting with a mental health practitioner. Mental health staff maintains secondary materials documenting compliance with this service. While personnel were able to explain the process and of and requirements for informed consent; the facility does not house residents who are over the age of 17, therefore, no informed consent has been required. Staff interviews confirmed compliance with this policy.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.34</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Auditor review of documentation</li> <li>• Interviews with medical and mental health staff</li> <li>• Interview with PREA Coordinator</li> </ul>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.35 requires that all resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Treatment services shall be provided to every without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Resident victim will be afforded a forensic examination at no cost to the victim.</p> <p>Interviews with the PREA Coordinator as well as medical and mental health staff confirm their understanding and compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.35</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interviews with Medical Staff</li> <li>• Interview with PREA Coordinator</li> </ul>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.36 addresses ongoing medical and mental health care for sexual abuse victims and abusers. It also provides for the appropriate tests to be provided and that the facility will attempt to obtain a mental health evaluation within 60 days of learning of resident-on-resident abusers and offer treatment deemed appropriate by a mental health practitioner. Ware has entered into a Memorandum of Understanding with Project Celebration who will provide emergency medical and legal advocacy to victims of sexual assault. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.36</li> <li>• Ware Youth Center Group Home and Intensive Residential MOU with Project Celebration</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interviews with Medical and Mental Health Staff</li> <li>• Interview with PREA Coordinator</li> </ul>

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.37 outlines compliance with this standard and provides information regarding the incident review team and its role. The Policy details the make-up of the sexual abuse incident review team and the elements to be considered in their assessments of incidents. Interviews with members of the team revealed that they understand the purpose of the incident review team, the importance of their roles, and the process. Policy also outlines the elements to be considered in their assessments of incidents. Further, policy dictates the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there were no criminal and or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents. Sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months there were no criminal and or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only unfounded incidents. The sexual assault incident review team includes upper-level management and allows for input from supervisors, investigators and medical or mental health practitioners. The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) – (d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator. The facility will document and implement the recommendations for improvement or document its reasons for not doing so. Interviews with staff that make up the facility incident review team, as well as the Executive Director revealed that they understand the purpose of the incident review team and the process by which incidents will be reviewed.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential Policy 27.37</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interviews with members of the Incident Review Team</li> <li>• Interview with PREA Coordinator</li> </ul>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.38 details the agency’s efforts and protocol for compliance with this standard. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Ware Youth Center will aggregate the incident-based sexual abuse data at least annually. Ware will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency does not contract for the confinement of its residents. The Department of Justice has not requested data from the previous calendar year.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential 27.38</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> <li>• Interview with Executive Director</li> </ul>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.38 addresses compliance with this standard. Ware 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 RJC's progress in addressing sexual abuse. The report shall be approved by the Executive Director and made readily available to the public through the agency website: <a href="http://www.wareyouthcenter.com">http://www.wareyouthcenter.com</a> Ware reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of Ware Youth Center, but in so doing will indicate the nature of the material redacted. A review of documentation and interviews with the Executive Director and PREA Coordinator confirms this practice.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential 27.38</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with Executive Director</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Ware Youth Center Group Home and Intensive Residential Policy 27.40 requires that the agency ensures that incident-based and aggregate data are securely retained. Before making aggregated sexual abuse data publicly available, the agency reviews and removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection unless Federal, state or local laws require otherwise. Interviews with the Executive Director and PREA Coordinator along with policy demonstrates compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group Home and Intensive Residential 27.40</li> <li>• Ware Youth Center Group Home and Intensive Residential Pre-Audit Questionnaire</li> <li>• Interview with Executive Director</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All WARE facilities were audited prior to the end of the first audit cycle which ended August 19, 2016.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group website</li> <li>• Ware Youth Center Audits for all facility, posted on the website</li> <li>• Interview with Executive Director</li> <li>• Interview with PREA Coordinator</li> </ul>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All WARE facilities were audited prior to the end of the first audit cycle which ended August 19, 2016, all final audit reports are properly, publicly posted on the agency website.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> <li>• Ware Youth Center Group website</li> <li>• Ware Youth Center Audits for all facility, posted on the website</li> <li>• Interview with Executive Director</li> <li>• Interview with PREA Coordinator</li> </ul>

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

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

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

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

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

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

115.315 (a)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes

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

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

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

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	yes

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

115.317 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

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

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

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

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

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

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

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

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

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes

115.321 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

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

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes

115.322 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.341 (d)	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

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

115.342 (a)	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

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

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

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

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

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

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

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

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

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

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

115.351 (c)	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.364 (a)	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.376 (d)	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	no
	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?	no

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

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

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

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

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

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

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

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

<b>115.388 (a) Data review for corrective action</b>		
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.388 (b) Data review for corrective action</b>		
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.388 (c) Data review for corrective action</b>		
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

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

<b>115.389 (a) Data storage, publication, and destruction</b>		
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	no

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

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

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

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

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