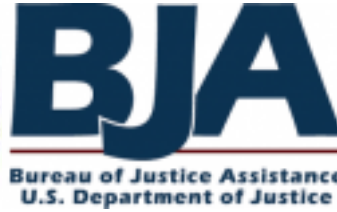


To be PREA AUDIT REPORT INTERIM FINAL

JUVENILE FACILITIES



Auditor Information			
Auditor name: Johnitha R. McNair			
Address: P.O. Box 10941 Baltimore Maryland 21234			
Email: johnitha@comcast.net			
Telephone number: 443-248-9189			
Date of facility visit: November 29 and December 2, 2015			
Facility Information			
Facility name: Johnny Gray Jones Youth Shelter (Ware Youth Center Shelter)			
Facility physical address: 4815 Shed Road Bossier City, LA 71111			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	Other xx
Name of facility's Chief Executive Officer: Joey Cox			
Number of staff assigned to the facility in the last 12 months: 23			
Designed facility capacity: 18			
Current population of facility: 14			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 10-17			
Name of PREA Compliance Manager: Staci Scott		Title :	ACA Manager
Email address: staciscott@wareyouthcenter.com		Telephone number:	(318) 932-4411 166
Agency Information			
Name of agency: Johnny Gray Jones Youth Shelter (Ware Youth Center Shelter)			
Governing authority or parent agency: Ware Youth Center Authority			
Physical address: 3565 Highway 71 Coushatta, LA 71019			
Mailing address: <i>(if different from above)</i>			
Telephone number: (318)932-4411			
Agency Chief Executive Officer			
Name: Joey Cox		Title:	Executive Director
Email address: joeycox@wareyouthcenter.com		Telephone number:	(318) 932-4411
Agency-Wide PREA Coordinator			
Name: Staci Scott		Title:	ACA Manager
Email address: staciscott@wareyouthcenter.com		Telephone number:	(318) 932-4411 158

AUDIT FINDINGS

NARRATIVE

Johnny Gray Jones Youth Shelter (Ware Youth Center Shelter) offers 22 beds to males and females between the ages of 10 and 17. These beds are designed for youth who have committed status offenses or youth who have been abused or neglected. The following services are offered to all youth placed in the shelter facility: Initial screening by facility staff for health, substance abuse or emotional problems. When the initial screening triggers a substance abuse or emotional problem, the clinical social worker (LCSW) is notified. The social worker provides crisis intervention counseling and may request an evaluation from the staff psychiatrist while the juvenile is incarcerated. The SASSI (Substance Abuse Screening Tool) is used to assess juveniles to determine if substance abuse issues are present. When a problem is identified, the juvenile and family or legal guardian is notified and referred to an appropriate mental health professional for treatment. Health screenings by the Nurse who supervises all medical needs under the direction of the Registered Nurse and Facility Physician. When an emergent health problem is identified, the nurse coordinates care with contractors in medicine and dentistry. Educational services including classes provided by certified, Bossier Parish School Board teacher five days per week, eleven months a year. Each juvenile undergoes TABE testing to locate an academic functioning level in addition to being placed in the appropriate grade level based on state records. These classes are approved for Carnegie Units by the State of Louisiana and specialized classes include Special Education and Computer Keyboarding. Youth from Bossier Parish are able to participate in their regular classes via electronic distance learning. Juveniles enjoy recreational activities in the indoor gym and outdoor recreation areas. Activities include basketball, volleyball, soccer, board games, cards and puzzles. Religious services are held on campus and led by multi-denominational pastors who volunteer their time in providing these services. A typical day for a youth involves hygiene, meals, school, structured physical and leisure activities and visits from family. Families may visit anytime during the week and special visits may be scheduled on weekends. On an average day youth may also receive medical and mental health services including substance abuse counseling. The average length of stay for residents is approximately 12 days.

DESCRIPTION OF FACILITY CHARACTERISTICS

Johnny Gray Jones Youth Shelter is located on Shed Road in Bossier City in Bossier Parish, State of Louisiana. The facility is uniquely positioned on 2 acres of land. Johnny Gray Jones Youth Shelter (Ware Youth Center Shelter) is located in one building which includes living units, gymnasium, cafeteria, medical suite, visitation rooms, administrative offices, and education classrooms. The youth have access to outside and indoor recreation. There is an ample sunlight into the facility and into the sleeping rooms. The facility is licensed by the State of Louisiana. Security and supervision is heightened and supported by 26 video cameras which are located throughout the interior and exterior of the facility and retain video for 30 days.

SUMMARY OF AUDIT FINDINGS

The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit, photographs were taken and submitted to the auditor. The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive and mailed to the auditor. All was received prior to the on-site audit. There were several phone calls between the auditor and the compliance manager in reference to the documentation which allowed for a smooth and informed audit. The audit of the Johnny Gray Jones Youth Shelter (Ware Youth Center Shelter) began on November 30, 2015 and ended with an exit conference on December 2, 2015. An entrance conference was held the evening of November 29, 2015. The auditor arrived at the facility at 8:30 a.m. on Monday November 30, 2015 and departed at 6:00 p.m. A complete facility tour was conducted by the auditor. During the tour, staff members were observed to be interacting with residents and providing direct supervision during activities. Randomly selected staff, specialized staff and 10 residents were interviewed. The responses of staff and residents during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. The social files of all youth currently assigned to the facility were reviewed. 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, video, training records/logs and curriculum. All personnel were professional, engaged and helpful throughout the audit process. During the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on December 2, 2015.

Number of standards exceeded:	01
Number of standards met:	38
Number of standards not met:	00
Number of standards not applicable:	02

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Policy 27.2 mandates zero tolerance of all forms of sexual abuse and sexual harassment. The agency organizational chart reflects the designation of both a PREA coordinator and PREA 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.

Standard 115.312 Contracting with other entities for the confinement of residents

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

Reviewed both agency contracts and they include the obligation to comply with the PREA standards. Discussion with the PREA Coordinator and contract manager confirm the agency's compliance with this standard.

Standard 115.313 Supervision and monitoring

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

The facility presented an Annual Staffing Plan. 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. Johnny Gray Jones Youth Shelter maintains ratios of 1:6 during waking hours and a minimum of 1:12 ratio during sleeping hours. Policy 27.4 requires intermediate and higher level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The rounds are documented. A review of documentation, video and staff interviews confirmed the practice of unannounced rounds.

Standard 115.315 Limits to cross-gender viewing and searches

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

Policy 27.5 prohibits cross-gender pat or strip searches. 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 non-medical staff of the opposite gender viewing; and that 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. Interviews with staff and residents verified these practices are in place. Interviews with residents and staff confirm compliance with agency policy and procedures. Further observations during the tour of the facility confirmed the practice of the cross-gender announcement.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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 youth who are deaf or hard of hearing and youth who have limited English proficiency that have reported sexual abuse. Policy 27.6 prohibits the use of resident interpreters, resident readers or other types of resident assistants. The facility has had no youth with disabilities in the last 12 months.

Standard 115.317 Hiring and promotion decisions

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

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.

Standard 115.318 Upgrades to facilities and technologies

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

The Johnny Gray Jones Youth Shelter has a video monitoring system with 26 that retains video for 30 days. The existing video monitoring system has not been updated during the past 12 months.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Policy 27.9 addresses this standard and in addition to the other requirements, states that the facility is responsible for investigating allegations of sexual abuse by following a uniform evidence protocol that maximizes the possibility for obtaining usable physical evidence. Policy further requires forensic medical examinations will be completed at no financial cost to the victim. The exams shall be conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners at the Willis Knighton Bossier Hospital which is supported by a Memorandum of Understanding (MOU) with Forensic Nurse Examiners of Louisiana. Additionally, policy direct staff to cooperate with investigations. The facility has a (MOU) with the 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. This was also confirmed when the auditor communicated with staff from Project Celebration via telephone. The facility also has staff who have received specialty training and are certified in sexual assault victim advocacy. There have been no forensic examinations conducted during this audit period. The facility also presented a Memorandum of Understanding (MOU) with Bossier City Police Department documenting the agreement to follow the guidelines regarding PREA related investigations. There have been no forensic medical exams conducted during this reporting period.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Policy 27.10 requires the immediate referral of all sexual abuse allegations to . In the past 12 months, Johnny Gray Jones Youth Shelter had no allegations of sexual abuse or sexual harassment. Interviews with the Facility Administrator and other staff verified their knowledge of the policy's requirements.

Standard 115.331 Employee training

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

Policy 27.11 outlines the agencies requirements for staff training. The training curriculum, staff training records and staff interviews indicates staff receive PREA training during initial training and annually during refresher training. The training curriculum provided covered: the agency's zero tolerance policy, fulfilling responsibilities related to preventing, detecting, reporting, and response procedures; resident's rights to be free from sexual abuse and sexual harassment; the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and harassment in juvenile facilities; the common reactions of sexual abuse and sexual harassment victims; detecting and responding to signs of actual and threatened sexual abuse; avoiding inappropriate relationships with residents; communicating professionally and respectfully with residents, including those residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. The training was consistent with

all elements of the standard. All employees and contractors are trained as new hires regardless of their previous experience. Employee training records were reviewed and staff interviews verified staff comprehension of their responsibilities relating to PREA standards.

Standard 115.332 Volunteer and contractor training

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

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. 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, information on how to report incidents of sexual contact; and the document has to be signed and dated and is retained by the facility. 25 volunteers and contractors have received training.

Standard 115.333 Resident education

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

Policy 27.13 states that during Intake the Johnny Gray Jones Youth Shelter will provide residents information in an age appropriate fashion, which will include: the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. Intake and or case management staff will review the information with the residents and residents sign verifying receipt of the information. The procedures further require that youth receive additional information through training within ten days of intake. This training is comprehensive and age-appropriate and includes residents' rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting incidents and, the agency's policies and procedures related to responding to incidents of sexual abuse and sexual harassment. Documentation of the residents' signatures was reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. The PREA information is presented in a manner that is accessible to all residents. During the facility tour PREA posters and reporting instructions were posted throughout the facility. If needed, the facility has facility staff and an agreement to provide translation services as well as hearing and visual impairment services for residents with disabilities or who may have limited English proficiency. The records of all residents were reviewed to confirm the presence of completed documentation.

Standard 115.334 Specialized training: Investigations

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

The agency does not conduct criminal sexual abuse investigations nor do they employ investigators.

They do handle the administrative aspects of sexual abuse investigations. Policy 27.29 describes agency responsibilities. These aspects include determining whether staff actions or failure to act contributed to the abuse and the investigation shall be documented in comprehensive written reports. Bossier City Police Department conducts all criminal investigations. The police investigator has been trained on conducting sexual abuse investigations. Documentation of the completed training by the investigator is maintained by the agency.

Standard 115.335 Specialized training: Medical and mental health care

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

Policy 27.14 addresses this standard. Documentation shows that the medical and mental health staff members have completed on-line specialized training through the National Institute of Corrections, this documentation is maintained by the facility. The facility nurses do not conduct forensic medical examinations. Interviews with nurses and facility leadership support the documentation presented.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Policy 27.15 addresses this standard. A screening for risk of victimization and abusiveness is completed on each resident within 72 hours of intake and periodically throughout their confinement. The risk assessment is conducted using an objective screening instrument. 290 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 confirm that the screening for risk of sexual abuse victimization and sexual abusiveness toward other residents is being conducted.

Standard 115.342 Use of screening information

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

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 further states that residents may be isolated from others only as a last resort and then only when less restrictive measures are inadequate to keep them and other residents safe and only until and alternative means can be arranged. 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.

Standard 115.351 Resident reporting

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

Policy 27.17 addresses compliance with this standard. There are multiple internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting sexual abuse or sexual harassment; and staff neglect or other violations that may contribute to abuse. 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. 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. Reporting information is also clearly posted throughout the facility and adjacent to the telephones to assist residents making reports using the telephone. Interviews with staff and residents support an understanding of the process and compliance with this standard. Observations made during the tour confirmed the proper posting of information for residents. Further, this auditor tested the phone system by calling the OJJ hotline with positive results.

Standard 115.352 Exhaustion of administrative remedies

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

Policy 27.18 addresses compliance with this standard. The facility has an administrative process for responding to resident grievances. Residents are not required to use an informal grievance process or to attempt to resolve with staff alleged instances of abuse. In addition to receiving this information at Intake, the resident handbook contains information regarding the grievance system. A locked box is located in the housing area and is accessible to the residents. Grievance forms are located adjacent to the grievance box. Management staff checks the grievances boxes frequently. Policy states that residents will not be referred to the staff member who is the subject of the complaint. Policy further states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual misconduct. Policy also states that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. 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.

Standard 115.353 Resident access to outside confidential support services

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

Policy 27.19 addresses compliance with this standard. An MOU with Project Celebration Inc. provides for outside victim advocacy services to be provided. A review of the MOU states that the services include education and training for residents and staff, counseling services, and referral services for victims. The advocacy services were confirmed through interviews with staff and a conversation with staff from Project Celebration Inc. and this auditor. Youth have access to the phone number and mailing address to

Project Celebration Inc. Youth interviews confirmed that they knew how to make contact with Project Celebration if needed. Youth were also aware of the services provided. Staff and youth interviews confirmed that youth have reasonable access and that access is provided in as confidential a manner as possible. Youth also have access to their attorneys, other legal representation, as well as parents and legal guardians. Parents and guardians may visit Monday through Friday from 9:00 a.m. until 5:00 p.m. and may schedule special visits on weekends.

Standard 115.354 Third-party reporting

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

Ware Youth Center's website (Johnny Gray Jones Youth Center falls under Ware) 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 youth's right to report sexual abuse or sexual harassment to others outside of the facility including their parents/legal guardians.

Standard 115.361 Staff and agency reporting duties

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

All Johnny Gray Jones Youth Shelter staff are mandated reporters and are required by Policy 27.21 to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with staff supported compliance with this standard.

Standard 115.362 Agency protection duties

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

Policy 27.22 requires staff to take immediate action to protect a resident when he/she is identified as being subject to substantial risk of imminent sexual abuse. There were no residents identified as being at risk for sexual abuse in the past 12 months. Interviews with staff and the director confirmed compliance with this standard.

Standard 115.363 Reporting to other confinement facilities

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

Policy 27.22 supports compliance with this standard. Policy requires the Director to notify the head of the other facility as well as the Department of Children and Family Services within 72 of receiving an allegation that a resident was sexually abused while confined at another facility. During the past 12 months, there were no allegations received that a resident was abused while confined to another facility nor were there allegations of sexual abuse received by Ware Youth Center from other facilities.

Standard 115.364 Staff first responder duties

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

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. There were no allegations of sexual abuse during the past 12 months. Staff interviews revealed a clear understanding of the actions to be taken upon learning that a resident was sexually abused.

Standard 115.365 Coordinated response

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

The procedures in policy 27.25 outline the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership. The plan was reviewed and is in compliance with this standard. Interviews with the Director and other staff revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse and in keeping with the facility's coordinated response plan.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

Ware Youth Center (parent agency of Johnny Gray Jones Shelter) is not a collective bargaining agency, therefore this standard is not applicable.

Standard 115.367 Agency protection against retaliation

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

Policy 27.27 requires the Program manager to ensure the protection of residents and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The agency has multiple protection measures to employ in its efforts to protect staff and residents. The monitoring will take place for a period of at least 90 days and longer, as needed. The Program Manager has the responsibility of monitoring retaliation. There were no incidents of retaliation in the past 12 months.

Standard 115.368 Post-allegation protective custody

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

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. No resident has alleged sexual abuse in the past 12 months, post-allegation protective custody has not been necessary.

Standard 115.371 Criminal and administrative agency investigations

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

Policy 27.29 requires criminal investigations to be conducted by the Bossier City Police Department. Administrative investigations will be documented and forwarded to law enforcement if substantiated. Policy further requires staff members to cooperate with all investigations. There was one sustained allegations of abuse or harassment since August 20, 2012. All documentation was made available to the auditor, including the documentation of the Facility Incident Review Team.

Standard 115.372 Evidentiary standard for administrative investigations

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

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.

Standard 115.373 Reporting to residents

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

Policy 27.30 requires that after an allegation of sexual abuse the resident shall be informed verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded. All such notifications and attempts of notifications shall be documented. No investigations into allegation so sexual abuse (criminal or administrative) were completed by the agency in the past twelve months, neither has there been any substantiated or unsubstantiated complaints of sexual abuse committed by staff members against a resident.

Standard 115.376 Disciplinary sanctions for staff

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

Policy 27.31 outlines the agency's disciplinary response related to violations of PREA policies by staff. Specifically, disciplinary sanctions for staff may include termination. 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 has been terminated or has resigned for violating the facility's PREA policies.

Standard 115.377 Corrective action for contractors and volunteers

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

Policy 27.32 states that any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement and Department of children and Family Services Licensing Division. The policy further requires that the contractor or volunteer is prohibited from having contact with residents. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.

Standard 115.378 Disciplinary sanctions for residents

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

Policy 27.33 states that 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. There were

no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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 will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. 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.

Standard 115.382 Access to emergency medical and mental health services

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

Policy 27.35 requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. Resident victim will be afforded a forensic examination at no cost to the victim.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

Standard 115.386 Sexual abuse incident reviews

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

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. In the past 12 months there have been no investigations, neither criminal nor administrative of alleged sexual abuse completed at the facility

that were followed by a sexual abuse incident review. The sexual assault incident review team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. Interviews with staff revealed that they understand the purpose of the incident review team and the process.

Standard 115.387 Data collection

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

Policy 27.38 supports compliance with this standard. Ware Youth Center uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. A review of the annual report revealed it was completed according to this standard.

Standard 115.388 Data review for corrective action

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

Policy 27.38 addresses this standard. The PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The Policy also states that an annual report will be prepared. A review of documentation confirms this practice.

Standard 115.389 Data storage, publication, and destruction

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

Policy 27.40 requires that data is collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed and all personal identifiers are removed. A review of documentation confirmed the practice.

AUDITOR CERTIFICATION

I, Johnitha Rothell McNair, certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.



December 31, 2015

Auditor Signature

Date