

JUVENILE FACILITIES



Auditor Information			
Auditor name: Johnitha R. McNair			
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Telephone number: (443)248-9189			
Date of facility visit: March 29 – 30, 2016			
Facility Information			
Facility name: Christian Acres Youth Center, Inc.			
Facility physical address: 200 Bailey Street, Tallulah LA 71284			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (318)574-3146			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input checked="" type="checkbox"/> Residential
Name of facility's Chief Executive Officer: Janet Moore			
Number of staff assigned to the facility in the last 12 months: 54			
Designed facility capacity: 106			
Current population of facility: 60			
Facility security levels/inmate custody levels: Non-secure / Moderate - High-Risk			
Age range of the population: 12-17			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Christian Acres, Youth Center, Inc.			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name: Janet Moore		Title:	Director
Email address: janet.moore@christianayc.com		Telephone number:	318-5743246
Agency-Wide PREA Coordinator			
Name: Lisa M. Roberts		Title:	PREA Coordinator
Email address: lisa.roberts@christianayc.com		Telephone number:	318-5743246

AUDIT FINDINGS

NARRATIVE

Christian Acres Youth Center is a private residential/detention facility with a design capacity of 106. The facility operates under the corporate auspices of Christian Acres Youth Center, Inc. The facility provides services to male residents between the ages of 12-17. The facility is comprised of seven residential homes. Six of these homes house 12 youth each and one home houses 10 youth. The facility has an administration building, control station and gymnasium. The gymnasium building also provides seven self-contained classrooms for educational service provision which is provided by an educational staff from the Louisiana State Department of Education. Also located in the gymnasium building are: maintenance, storage, kitchen and dining room. In addition to educational services, youth receive mental and somatic health services, recreational programming, family visitation and home passes. The facility considers visitation a vital part of family contact and can be held after 14 days of a resident's first staffing. Visitation is conducted each Sunday from 1:00 p.m. to 5:00 p.m. for parents and/or legal guardians. Residents are allowed three (3) persons per visit/per day. All visits must be scheduled with the Case Manager before 4:00 p.m. on Fridays. Parents/legal guardians wishing to take a resident off-campus during their visit must make this request at the time the visit is scheduled. All residents may have off campus visits after 45 days and after having achieved Level II. All off- campus visits are subject to administrative review.

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

Juveniles enjoy recreational activities in the indoor gym and outdoor recreation areas. Activities include basketball, volleyball, football, board games, reading, 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. The average length of stay for residents is approximately 6 months.

The facility's mission is: ***Changing the way the future looks, one family at a time.*** The program's philosophy is that education and role-modeling instigate positive and sustainable changes in attitude and behavior.

During the on-site portion of the audit, youth were observed receiving educational services, participating in large-muscle exercise, receiving group and individual counseling. Youth were lively and participatory in their classrooms and appeared to be fully engaged in the educational process. The residential staff was attentive and responsive to the youth.

Overall, the facility was clean and well maintained. The housing units were beautifully decorated by the residents and each had different themes which were colorful attractive and creatively stimulating. Youth were able to personalize their sleeping areas with appropriate personal photos and colorful fleece blankets provided by the facility. The environment was warm and appealing which demonstrated the care and concern given to the residents.

DESCRIPTION OF FACILITY CHARACTERISTICS

Christian Acres was established in December 1981 as an alternative to traditional juvenile placement. The facility is located on approximately twenty acres of well-manicured land in Tallulah, Louisiana. The facility has seven housing units. Six of these housing units house 12 youth each and one unit houses 10 youth. The facility has an administration building, control station and gymnasium building, which includes seven self-contained classrooms, maintenance, storage, kitchen and dining room. 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 and holds a national accreditation with the American Correctional Association. Security and supervision is heightened and supported by 24 video cameras which are located throughout the interior and exterior of the facility. The facility operates under the auspices of Christian Acres Youth Center, Inc.

SUMMARY OF AUDIT FINDINGS

The notifications of the audit were posted in the facility on February 10, 2016. Photographs of the audit notices were taken and submitted to the auditor via electronic mail; the photos were also included on the flash drive provided to the auditor. Areas where the notices were posted were: medical, school, each housing unit, administration, gymnasium, and intake. The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive and mailed to the auditor via United States Postal Service; which was received 24 days prior to the on-site portion of the audit. There were several communications (electronic mail, regular mail and telephone calls) between the auditor and facility staff in reference to the documentation and the audit process which provided for clarity in the audit process. These communications facilitated a smooth and informed audit. The audit of Christian Acres Youth Center took place on the dates of March 29th and 30th, 2016. The audit team arrived at the facility at 8:00 a.m. on March 29, 2016. An entrance conference was held prior to touring the facility and beginning interviews. Present at the entrance conference were the CEO of Christian Acres Youth Center, Inc., Facility Director, Assistant Director and PREA Coordinator. A complete facility tour was conducted. During the tour, staff members were observed to be fully engaged with the residents and interacting with residents in a supportive and positive atmosphere. The staff members were professionally dressed and observed providing direct supervision during activities. After touring the facility and observing residents on the housing unit, at recreation, at school, at medical and in intake meeting with staff, the audit team began interviewing residents and staff in the facility. Six randomly selected staff (two from each shift) shifts, 16 specialized staff and 10 residents were interviewed. The 10 residents interviewed were from all housing units and included the youngest and oldest residents in the facility, the most recent admission and the resident who had been in the facility the longest. Resident interviews also included three additional interviews of residents reporting prior victimization. The audit team departed the facility at 5:30 p.m. and returned to the facility the next morning at 6:00 a.m. to interview staff from the night shift. The audit team continued with staff interviews and reviewed all resident files, video of unannounced rounds and other related documentation. The responses of staff and residents during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. The casefiles of all residents currently assigned to the facility were reviewed by the audit team to confirm assessments and resident education documentation. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to: facility logs, shift documentation, 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 conclusion, additional documentation was provided as requested. At the conclusion of the document review and the completion of all interviews an exit conference was held at 12:30 p.m. and the audit team departed the facility.

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)

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.

Policy 9.8 Chapter Nine (Preventing and Responding to Sexual Offenses Involving Juveniles Zero Tolerance Policy) details the Facility’s approach to implementing the Federal PREA standards; the policy prohibits all forms of sexual abuse and sexual harassment and states the facility’s zero tolerance for all staff and youth related to sexual abuse and sexual harassment and provides definitions of prohibited behaviors. In addition to outlining the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment, policy 17 Chapter Seventeen (Preventing and Responding to Sexual Offenses Involving Juveniles/Zero Tolerance Policy and Definitions) provides PREA related definitions the sanctions for those found to have participated in prohibited behaviors. Policy 2.3 Chapter Two (Position Allocation and Budget Authorization) authorizes the allocation of a position to be designated as the PREA Compliance Manager. Because the agency has only one juvenile facility, the PREA Compliance Manager serves as both the PREA Coordinator and PREA compliance Manager and reports to the Facility Director. In keeping with the expectation 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 efforts to comply with the PREA standards.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 9.8**
- **Christian Acres Youth Center, Inc. Policy 2.3**
- **Christian Acres Youth Center, Inc. Policy 17**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Christian Acres Youth Center Organizational Chart**
- **Christian Acres Youth Center, Inc. Job Description for PREA Coordinator/Compliance Manager**
- **Interviews with PREA Coordinator**

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)
- Not Applicable

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.

CAYC only operates one facility and does not contract with other entities for the confinement of residents, this standard does not apply.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**

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)

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.

The facility presented the current and previous Annual Staffing Plans which details the process by which current staffing, possible changes to staffing, and future staffing determinations are analyzed and made with consideration given to physical plant and resident population. Additionally, the annual staffing plan provides that due weight and consideration is given to the following factors: Further, policy 17.1 Chapter 17 (Prevention Planning Supervision and Monitoring) requires the facility maintain a staff to resident ration of 1:6 at all times. The facility operates three (3) eight-hour shifts to provide direct supervision 24 hours a day, seven days a week. Direct care staffs, including teacher counselors and campus supervisors, control center officer and a night monitor during the overnight shift are assigned to the shifts to ensure adequate facility coverage. 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 24 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 14.2.2 (Accounting System for Residents on and off campus Absconder Reporting) requires intermediate and higher level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. In addition to documentation on the monitoring form and logs, the rounds are electronically documented by saving the video recordings in a video file securely maintained by the Assistant Director. A physical review of documentation, video of unannounced rounds and staff interviews confirmed the practice of unannounced rounds. Further, a review of documentation, physical observations by the auditor and interviews of staff confirms that CAYC maintains a staffing ratio of 1:6 at all times.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.1**
- **Christian Acres Youth Center Staffing Analyses**
- **Christian Acres Youth Center, Inc. Policy 14.2.2**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Christian Acres Youth Center Intermediate or above Level Monitoring Form**
- **Christian Acres Youth Center Intermediate or above Level Monitoring Log**
- **Auditor Review of Video Files of Unannounced Rounds**
- **Observations of the Auditor during the on-site tour**
- **Interviews with staff**

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)

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.

Policy 17.1.1 Chapter 17 (Prevention Planning – Limits to cross-gender viewing and searches) outlines that cross-gender searches are prohibited; this includes both pat searches and strip searches. Staffs who perform pat downs and strip searches are trained in how to conduct searches of transgender and intersex residents in a professional and respectful manner and in the least intrusive manner possible while ensuring the safety and security of CAYC. Additionally, this policy prohibits physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Policy 17.1.1 Chapter 17 prohibits cavity searches. 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. Interviews with residents and staff confirm compliance with agency policy and procedures regarding searches. Policy 17.1.1 Chapter 17 requires female staff to announce themselves prior to entering the cottages by announcing "female in the cottage". To further support compliance with policy and this standard, a sign is posted outside the door of each cottage, reminding staff of the requirement to make the cross-gender announcement prior to entering the housing unit. Observations during the facility tour and interviews with residents and staff confirmed the practice of the cross-gender announcement. Policy 14.18 Chapter 14 (Supervision of Resident Showers, performing of bodily functions and clothing changes) is in keeping with compliance of this standard. The policy provides privacy for youth while changing clothes, showering and performing bodily functions, youth are provided privacy in the bathroom area while being monitored by a male staff member. Transgender and intersex residents are provided the opportunity to shower, perform bodily functions, and change clothes separately from other residents. In an effort to clarify expectations of staff postings during showers, a facility-wide Memorandum dated March 30, 2015 dictates the specifics of staff postings during showers. Only male staffs are permitted to supervise showers by being in the bathroom during showers. If a female staff is supervising showers, she may only do so outside of the bathroom area and then only while one resident at a time is permitted in the shower area. 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.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.1.1**
- **Christian Acres Youth Center, Inc. Policy 14.18**
- **Training sign in sheets and curriculum**
- **Facility Memorandum dated March 15, 2015**
- **Facility Memorandum dated September 2, 2014**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interview with residents and staff**

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)

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.

Policy 17.1.2 Chapter 17 (Prevention Planning – Residents with disabilities and residents who are limited English Proficient) requires that the facility takes the 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. Additionally, residents requiring the assistance of an interpreter will be provided such assistance through an agreement between the facility and the University of Louisiana at Monroe, Foreign Languages Department. The policy also prohibits the use of resident interpreters, resident readers or other types of resident assistants. This standard is further supported by two additional policies: Policy 13.6 Chapter 13 (Housing and Accessibility for Disabled Juveniles and Persons) and Policy 7.2 Chapter Seven (Housing and Accessibility for Disabled Juveniles and Persons). 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. 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.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.1.2
- Christian Acres Youth Center, Inc. Policy 13.6
- Christian Acres Youth Center, Inc. Policy 7.2
- Review of Various forms translated into Spanish
- Christian Acres Youth Center Pre-Audit Questionnaire
- Interview with residents, and staff
- Interview with PREA Coordinator
- Interview with Agency Head/Director

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)

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.

Policies 17.13 Chapter 17 (Prevention Planning – Hiring and Promotion Decisions), 3.6 Chapter Three require “that any person who maintains supervisory authority, disciplinary authority over or contact

with juveniles is subject to a background check including: Louisiana State Police, Bureau of Criminal Identification, contact with previous institutional employers, and consultation with Child Abuse Registry.” Further supporting compliance with this standard is Policy 3.1 Chapter Three (Staff Selection, Retention, Recruitment, and Promotion/Nepotism). In the past 12 months CAYC has hired 41 staff that may have contact with residents and all 41 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 have been no contracts for services where criminal background record checks were conducted. The facility exceeds the requirement of conducting criminal background checks every five years in that policy 17.13 requires criminal background checks to be conducted every year. Prior to the hiring or promotion of an applicant, the applicant must answer all questions on the PREA Screening Pre-Employment, Contractor, Promotional and Employee Yearly Review Form. Additionally, prior to hiring or promoting, the applicant or staff is informed that material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. Interviews with staff and the Assistant Director who has responsibility for Human Resources and hiring and promotion decisions confirm compliance with this standard.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.13
- Christian Acres Youth Center, Inc. Policy 3.6
- Christian Acres Youth Center, Inc. Policy 3.1
- Christian Acres Youth Center Pre-Audit Questionnaire
- Interviews with staff
- Review of various supporting documentation and forms

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)

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.

CAYC has not acquired a new facility or made any substantial expansions or modifications to the existing facility since August 20, 2012. The agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. While the facility has a total of 24 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.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center Pre-Audit Questionnaire
- Observations of the Auditor during the on-site Tour
- Observations of the Auditor during video review
- Interviews with Staff
- Interview with PREA Coordinator
- Interview with Agency Head/Director

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)

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.

The facility only conducts administrative investigations related to sexual abuse investigations. Louisiana Office of Juvenile Justice also investigates allegations of sexual abuse. The Madison Parish Sheriff's Office has the responsibility for conducting criminal investigations of sexual abuse. A Cooperative Agreement between the facility and Sheriff's Office was presented for review and is in keeping with this standard related to sexual abuse investigation. The Cooperative Agreement requires that Madison Parish Sheriff's Office follows a uniform evidence protocol that is developmentally appropriate for youth when conducting sexual abuse investigations. Further, the evidence protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Policy 17.2 chapter 17 (IV. Responsive Planning – Evidence Protocol and Forensic Medical Examinations) requires that all residents who experience sexual abuse have access to forensic medical examinations without financial cost to the victim. The policy also requires that where possible the forensic examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). When a SAFE or SANE is not available a qualified medical practitioner performs forensic medical examinations. Efforts to provide access to a SAFE or SANE are documented by the facility. The facility presented a Memorandum of Understanding (MOU) with Madison Parish Hospital which is where residents receive medical treatment. There have been no forensic examinations conducted in the past 12 months.

The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. This is supported by the facility's relationship with the Wellspring Alliance for Families which was confirmed by this auditor who spoke with the director of Wellspring Alliance for Families on March 30, 2016. The conversation with the director verified their intention to provide victim advocacy to residents of the facility who experience sexual abuse. Policy 17.2 also requires that if and when a rape crisis center is not able to provide victim advocacy services that facility shall make the services available by a qualified agency staff member. Additionally, policy 17.2 requires that as requested by the victim, the victim advocate or qualified agency staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

Evidence relied upon to make auditor determination:

- **Cooperative Agreement between Christian Acres Youth Center and Madison Parish Sheriff's Office**
- **Christian Acres Youth Center, Inc. Policy 17.2**
- **Memorandum of Understanding with Madison Parish Hospital**
- **Interviews with staff**
- **Interviews with PREA Coordinator**
- **Christian Acres Youth Center Pre-Audit Questionnaire**

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)

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.

Policy 17.2.11 Chapter 17 (IV. Responsive Planning – Policies to ensure referrals of allegations for investigations) ensures that all allegations of sexual abuse and sexual harassment are administratively and or criminally investigated. Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations (Madison Parish Sheriff’s Office), unless the allegation does not involve potentially criminal behavior. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were five allegations of sexual abuse reported to the facility. In the past twelve months all five allegations reported to the facility resulted in administrative investigations. In the past 12 months no allegation was referred for criminal investigation. Referring to the allegations received during the past 12 months, all administrative investigations were completed. 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 publically available via other means. Interviews with the Facility Director, Assistant Director and PREA Coordinator and other staff confirmed their knowledge and understanding of, as well as their compliance with the policy’s requirements.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.2.11**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Review of All Reports of Allegations**
- **Review of Youth Grievances**
- **Review of PREA reporting forms and documentation**
- **Interview with PREA Coordinator**
- **Interview with Agency Head/Director**
- **Interviews with staff**

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)

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.

Policies 17.3 Chapter 17 (Administrative, Managerial, Medical and Professional Staff Training); Training and Education – Employee, Volunteer, and Contractor Training); 4.4 Chapter Four (Initial Orientation); 4.6 Chapter Four (Staff Training for Teacher Counselors); 4.7 Chapter Four (Support Employee Training); Chapter 4.8 Chapter Four (Clerical/Support Employee Training); 4.9 Chapter Four (Administrative, Managerial, Medical and Professional Staff Training) cover the agency’s requirements for staff training. The training curriculum, staff training records and staff interviews indicate that at a minimum, staffs receive PREA training during staff orientation 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 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. The facility has 87 staff that may have contact with residents, who were trained or retrained on the PREA requirements enumerated in this standard. Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment through regular bi-weekly trainings that take place during team 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 or electronic verification.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.3**
- **Christian Acres Youth Center, Inc. Policy 4.4**
- **Christian Acres Youth Center, Inc. Policy 4.6**
- **Christian Acres Youth Center, Inc. Policy 4.7**
- **Christian Acres Youth Center, Inc. Policy 4.8**
- **Christian Acres Youth Center, Inc. Policy 4.9**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Auditor review of training documentation**
- **Auditor review of training curriculum**
- **Interviews with staff**
- **Interview with PREA Coordinator**

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)

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.

Policy 17.3 Chapter 17 (Training and Education – Employee, Volunteer, and Contractor Training)

requires that all volunteers and contract personnel receive orientation prior to their assignment. This training will include 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 sexual abuse and sexual harassment prevention, detection, and response is six. The level and type of training contractors and volunteers are provided is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who may have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency also maintains documentation confirming that the volunteers and contractors understand the training they have received.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.3
- Auditor review of training curriculum
- Auditor review of training documentation
- Christian Acres Youth Center Pre-Audit Questionnaire

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)

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.

Policy 17.3.14 Chapter 17 (Training and Education – Resident Education) requires that upon admission all residents are provided the zero tolerance policy and the PREA Orientation packet. Resident education is accessible to all residents, including residents who are limited English proficient and those residents who may be deaf, visually impaired or otherwise disabled. During the intake process, staff read and review the zero tolerance policy and information on how to report sexual abuse and sexual harassment with each resident. After providing the residents with the required information related to the zero tolerance policy, residents sign and date that they received and understand the information. Additional resident education is provided to each youth by the PREA Coordinator within ten days of the intake process. Included in the education provide by the PREA Coordinator is: the zero tolerance policy, how to report sexual abuse and sexual harassment, how to keep themselves safe, how to get counseling and medical assistance, consequences for violating the zero tolerance policy, and the agency's response to any incidents that are reported. A total of 179 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. Additionally, every three months, the counselor will review the zero tolerance policy with the resident. This review will also cover, how to report allegations of sexual abuse and sexual harassment, how to stay safe, how to get counseling and medical assistance as well as consequences for violating the zero tolerance policy. 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 maintaining signatures. Further confirmation of resident education was received during resident and staff interviews. The PREA information is presented in a manner that is accessible to all residents. During the facility tour the auditor observed the presence of PREA posters and reporting instructions posted throughout the facility. The facility has access to interpreting and translation services for residents with limited English proficiency and those residents who may have hearing or visual

impairments.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.3.1**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Auditor review of resident education materials**
- **Auditor review of each resident's file**
- **Interviews with Staff**
- **Interviews with Residents**
- **Interviews with PREA Coordinator**

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)

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.

While Christian Acres Youth Center does not formally investigate allegations that meet the criteria of abuse, neglect, or criminal allegations, policy 17.3.2 Chapter 17 (Training and Education – Specialized Training: Investigations) requires that an informal/administrative investigation on all allegations is conducted at the completion of any formal investigation conducted by an outside agency. The PREA Coordinator is the only person at the facility who has had the required training to conduct specialized investigations and is the sole person responsible for completing the administrative/informal investigations related to sexual harassment and sexual abuse. The agency maintains documentation of the PREA Coordinator's completion of specialized training. Formal investigations are completed by Madison Parish Sheriff's Office.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.3.2**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Cooperative Agreement between Christian Acres Youth Center and Madison Parish Sheriff's Office**
- **Auditor Review of Training Certificate**
- **Interview with PREA Coordinator**
- **Interview with Agency Head/Director**

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)

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.

Policy 7.3.3 Chapter 17 (Training and Education – Specialized Training: Medical and Mental Health) addresses compliance with this this standard. While medical staff assigned to the facility do not conduct forensic examinations, the facility transports youth requiring forensic examinations to Madison Parish Hospital where forensic exams may be conducted. As required by policy 17.3.3, in addition to orientation and training relevant to their positions, all medical and mental health staff are required to receive PREA training. 100% (14 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.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.3.3
- Christian Acres Youth Center Pre-Audit Questionnaire
- Interviews with Medical and Mental Health Staff
- Interview with PREA Coordinator
- Review of Training Certifications for all medical and mental health staff

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)

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.

Policy 17.4 Chapter 17 (Screening for Risk of Sexual Victimization and Abusiveness – Obtaining Information from Residents) 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. 181 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.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy
- Christian Acres Youth Center Pre-Audit Questionnaire
- Review of screenings for all Youth
- Review of screening tool
- Auditor Interviews with Staff
- Auditor Interviews with Residents
- Auditor Interviews with PREA Coordinator

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)

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.

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

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interviews with PREA Coordinator**
- **Interviews with Staff**
- **Interviews with Residents**
- **Review of schematic with room supervision levels**

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)

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.

Policy 17.5 Chapter 17 (Reporting – Resident Reporting) 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. At CAYC residents may write written statements and drop the statements at the Nurse’s or grievance box at the control booth; residents have access to writing materials and tools to document any such report. The grievance boxes are checked daily by facility administrators. Residents may ask to speak to the PREA Coordinator. Residents may report verbally to any staff or supervisor or administrative personnel any allegation. Policy 3.22 Chapter Three (Reporting Sexual and Physical Misconduct) mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. All verbal reports must be documented promptly by staff and immediately reported to the Administrator or Assistant Administrator. Residents may verbally report allegations by using the telephone located on the cottages to call one of the two Office of Juvenile Justice reporting hotlines, the 24-hour sexual assault hotline for Madison Parish (Wellspring), or the Department of Children and Family Services hotline. As it relates to civil immigration purposes, CAYC does not house residents with this legal status. As mandated reporters, staff are required to report sexual abuse and sexual harassment of residents; staff may privately report directly to the Administrator or Assistant 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 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. In addition to interviews, observations made during the tour confirmed the proper posting of information for residents.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.5
- Christian Acres Youth Center, Inc. Policy 3.22
- Christian Acres Youth Center Pre-Audit Questionnaire
- Auditor Review of forms and reporting documentation
- Interviews with Residents
- Interviews with Staff
- Interview with PREA Coordinator

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)

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.

Policies 17.5.1 Chapter 17 (Reporting-Exhaustion of Administrative Remedies Grievance and Appeal Process) and 13.13 Chapter 13 (Resident Grievance and Appeal Process) provide the administrative process for dealing with resident grievances regarding sexual abuse. Residents are provided information as to how to file a grievance during the intake process and again by the PREA Coordinator. Policy dictates that there is no time limit for a resident to submit a grievance regarding an allegation of sexual abuse. CAYC shall not require any resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Further, agency policy and procedure allows for a resident to submit a grievance alleging sexual abuse without submitting it to the

staff member who is the subject of the complaint. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. In the past 12 months there have been two grievances filed that alleged sexual abuse. In the past 12 months there were two grievances alleging sexual abuse that reached a final decision within the 90 days after being filed. In the past 12 months there were (zero) no grievances filed alleging sexual abuse that involved extensions because a final decision was not reached within 90 days. Policy requires that residents are notified in writing when the agency files for an extension, including notice of the date by which a decision will be made. Additionally, policy 17.5.1 permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Policy 17.5.1 requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents a resident's decision to decline. Further, policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. There have been (zero) no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of a resident's decision to decline. As it relates to the filing of emergency grievances alleging substantial risk of imminent sexual abuse, policy 17.5.1 outlines the established procedures. This policy requires an initial response within 48 hours after filing an emergency grievance alleging substantial risk of sexual abuse and requires the agency to issue a final decision be issued within five days. Lastly, policy 17.5.1 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 (zero) 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.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.5.1
- Christian Acres Youth Center, Inc. Policy 13.13
- Review of grievances submitted by residents
- Interviews with Staff
- Interviews with Residents
- Interview PREA Coordinator

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)

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.

Policies 17.5.2 Chapter 17 (Reporting – Resident access to outside support services and legal representation) requires the facility to 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 of local, State, or national victim advocacy or rape crisis organization. The policy also requires the facility to enable reasonable communication between residents and these organizations in as confidential manner as possible. 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. The agency maintains memoranda of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility maintains copies of the memorandum of understanding and attempts to enter into such agreements. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility also provides residents with reasonable access to parent or legal guardians. Policy 13.2 Chapter 13 (Mail and Publications Telephone Calls) requires that youth have access to telephones, tools, and materials for letter writing. The advocacy services were confirmed through interviews with staff and a conversation between this auditor and Lisa Longenbaugh from Wellspring. Resident interviews confirmed that they were aware of the telephone numbers and addresses and how to make contact with the Wellspring. Answers from residents regarding service provision from confidential support services ranged from counseling and help to therapy. While the answers varied, it appeared residents understood that they would be provided assistance that was confidential and supportive in nature. 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.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.5.2
- Christian Acres Youth Center, Inc. Policy 13.2
- Christian Acres Youth Center Pre-Audit Questionnaire
- Observations of the auditor made during the Facility Tour
- Memorandum of Understanding with Wellspring
- Memorandum of Understanding with Safe Measures
- Interviews with Residents
- Interviews with Staff
- Interviews with PREA Coordinator
- Telephone Conversation with staff at Wellspring

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)

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.

Policy 17.5.3 Chapter 17 (Reporting – Third Party Reporting) requires the agency establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. Additionally, the agency website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment and encourages reports on behalf of a resident. Staff and resident interviews revealed all were aware of a resident’s right to report sexual abuse or sexual harassment to a trusted staff member as well as others outside of the facility including their parents/legal guardians and attorneys. During staff interviews the responses indicated that staff clearly understood to immediately report and document all allegations 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”.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.5.3**
- **Christian Acres Youth Center Questionnaire**
- **Interviews with Staff**
- **Interviews with Residents**
- **Interview with PREA Coordinator**

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)

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.

Policies 17.6 Chapter 17 (Official Response Following a Resident Report-Staff and agency reporting duties and 3.22 Chapter Three (Reporting Sexual and Physical Misconduct) requires staff to immediately report 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. The agency requires all staff to report immediately and according to agency policy any retaliation against resident or staff who reported such incident. The agency requires all staff to report immediately and according to agency policy 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. 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.

Evidence relied upon to make auditor determination:

- Christian Aces Youth Center, Inc. 17.6**
- Christian Acres Youth Center, Inc. 3.22**
- Christian Acres Youth Center Pre-Audit Questionnaire**
- Interviews with Staff**
- Interview with PEA Coordinator**

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)

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.

Policy 17.6.1 Chapter 17 (Official Response Following a Resident Report – Agency protection duties) Policy requires that when an agency or 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) In the past twelve months there have been zero (no) times the agency or facility has determined that a resident was subject to substantial risk of imminent sexual abuse. During interviews with staff, staff responded that they would take all allegations seriously. The responses of staff were in keeping with the policy outlining agency protection duties.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.6.1
- Christian Acres Youth Center Pre-Audit Questionnaire
- Interviews with staff
- Interview with PREA Coordinator
- Interview with Director

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)

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.

Policy 17.62 (Official Response Following a Resident Report – Reporting to other Confinement Facilities) requires that upon receiving an allegation from a resident that he/she was sexually abused while confined at another confinement facility (i.e., detention center, Juvenile Correctional Center), the Administrator 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. CAYC 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 CAYC from other facilities. The interview with the facility Director

revealed that she had a clear understanding of this policy and the PREA standard and her 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 CAYC.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.6.2
- Christian Acres Pre-Audit Questionnaire
- Interview with Director

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)

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.

Policy 17.6.4 (Official Response Following a Resident Report – Staff first Responder Duties) requires staff to take specific steps to respond to a report of sexual abuse including: separating the alleged victim from the abuser; preserving and protect any crime scene until the appropriate steps can be taken to collect evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence request the alleged victim not take any action that could destroy physical evidence; and document in writing the information received regarding the incident. 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 Madison Parish Hospital for examination by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. In the past 12 months there were five allegations that a resident was sexually abused. Of the five, there were two allegations where the first security staff member to respond to the report separated the alleged victim from the alleged abuser. Of the five reports there were (zero) no allegations where staff were notified within a time period that still allowed for the collection of physical evidence. 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. Of the allegations that a resident was sexually abused made in the past 12 months, there were no (zero) times a non-security staff member was the first responder.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.6.4
- Christian Acres Youth Center Pre-Audit Questionnaire
- Interviews with Staff (Random, and Specialized)
- Interview with PREA Coordinator

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)

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.

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is detailed in policy 17.6.5 Chapter 17 (Official Response Following a Resident Report – Coordinated Response) and further supported with a Coordinated Response Checklist that provides vehicle by which staff are able to document who carried out what tasks and h n. Policy The checklist details actions taken by staff first responders, medical, mental health, investigators and administrators. The checklist also details the order of the response by action and who is responsible for each action. The checklist was reviewed and is in compliance with this standard. Interviews with the Director and other staff including staff first responders, medical and mental health 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. The coordinated response plan checklist, PREA policy and response of staff during interviews demonstrated compliance with this standard.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interviews with Staff**
- **Interview with PREA Coordinator**

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)
- Not applicable

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.

Christian Acres Youth Center is not a collective bargaining agency; therefore, this standard is not applicable.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**

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)

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.

Compliance with this standard was found by the responses from interviews held with the PREA Coordinator/Compliance Manager and facility Director as well as guidelines in Policy 17.6.6Chapter 17 (Official Response Following a Resident Report – Agency Protection Against Retaliation) which outlines how the agency will 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. The Assistant Administrator or designee shall monitor and investigate any indications of retaliation. Interviews with the Director and Assistant Director, as well as the PREA Coordinator has been designated by the agency as having primary responsibility of monitoring for possible retaliation. Interviews with the PREA Coordinator demonstrated a clear understanding of her role to monitor for changes that may suggest possible retaliation by residents or staff; she was able to provide various examples including increased resident behavior reports, unit changes and increased reports of incident involvement; as it related to staff she responded she would look for changes in performance reviews, attendance, work/unit assignments. Further, the PREA Coordinator provided documentation of monitoring for retaliation from prior investigations. 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 she 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 that safety of residents and or staff. The interview with the Director indicated she would ensure compliance with the policy for monitoring for retaliation by meeting with the PREA Coordinator and Assistant Director to ensure steps for protection were followed as outlined by policy. There were no incidents of retaliation occurring in the past 12 months.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.6.6**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**
- **Interviews with Director and Assistant Director**
- **Review of all completed investigations**

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)

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.

Policy 17.6.7 Chapter 17 (Official Response Following a Resident Report – Post Allegation Protective Custody) CAYC does not use segregated housing to protect a resident who has alleged to have suffered sexual abuse. The facility utilizes the following precaution as needed to supervise a resident who alleges sexual abuse: Post Sexual Abuse Protection Plan or High Risk Sexual Abuse Protection Plan. The goal of initiating one of these plans is to describe specific protocols for residents while providing staff with the necessary information, training, and procedures to recognize warning signals of self-destructive behavior or severe emotional trauma following an incident of sexual abuse. It also provides staff with information regarding residents who may be at high risk of sexual abuse and are in need of special precautions. Post allegation protection is one component of the plan to protect residents identified as having suffered or may be at risk for sexual abuse. Documentation of the Plan will become a part of the resident’s permanent file. No residents who alleged to have suffered sexual abuse were placed in isolation during the past 12 months. The facility has the ability to separate residents from each other within the facility and by moving residents to other facilities if the need arises.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.6.7**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**

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)

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.

Policy 17.7 Chapter 17 (Investigations _ Criminal and Administrative Agency Investigations) addresses criminal and administrative investigations. While CAYC only conducts administrative investigations, the facility ensures all elements of the standards are met in accordance with Policy 17.7. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Sustained allegations of conduct that appear to be criminal are referred for prosecution. There were no (zero) sustained allegations of conduct that appeared to be criminal referred for prosecution since August 20, 2012. 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.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.7**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Review of All Investigations**
- **Interview with PREA Coordinator**

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)

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.

Policy 17.7.1 Chapter 17 (Investigations – Evidentiary Standard for Administrative Investigations) demonstrates compliance with this standard. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Evidence relied upon to make auditor determination:

- **Christian Acres, Youth Center, Inc. Policy 17.7.1**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**

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)

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.

Policy 17.7.2 Chapter (Investigations – Reporting to Residents) requires that any resident who makes an allegation that he or she suffered sexual in the facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months there were five administrative investigations of alleged resident sexual abuse conducted. Of the five completed investigations in the past 12 months, five residents were notified verbally or in writing of the results of the investigations. Discussion with

the PREA Coordinator confirmed that if a criminal investigation is conducted by an outside agency, Madison Parish Sheriff's Department, the agency requests the relevant information from the outside agency 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. 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. 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.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.7.2
- Christian Acres Youth Center Pre-Audit Questionnaire
- Auditor Review of All Allegations, Investigations and documentation
- Interview with PREA Coordinator

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)

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.

Policy 17.8 Chapter 17 (Disciplinary Sanctions – Staff) outlines the agency's disciplinary response related to violations of PREA policies by staff. Policy states staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months no staff from the facility have 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 CAYC's PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Madison Parish Sheriff's Office, unless the activity was clearly not criminal, and to any relevant licensing bodies. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. In the past 12 months, there have been 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.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.8**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Review of all investigations**
- **Interview with PREA Coordinator**

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)

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.

Policies 17.8.1 Chapter 17 (Disciplinary sanctions – Corrective action for contractors and volunteers) and 15.3 Chapter Fifteen (Termination of Volunteers) demonstrate compliance with this standard. Policy 17.8.1 states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and policy 15.3 requires that they are reported to the Madison Parish Sheriff’s Office and licensing bodies unless the activity was clearly not criminal. Policy 17.8.1 further requires that CAYC will take appropriate remedial measures, and will consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.8.1**
- **Christian Acres Youth Center, Inc. Policy 15.3**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interview with PREA Coordinator**

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)

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.

The following policies address elements of this standard: Policy 17.8.2 Chapter 17 (Disciplinary sanctions – Interventions and disciplinary sanctions for residents), Policy 14.6.2 Chapter 14 (Privilege

suspension and documentation), Policy 14.15.2 Chapter 14 (Disciplinary Hearings and Decisions), and Policy 13.8 Chapter 13 (Individual and Group Counseling Family Counseling). Policy 17.8.2 states that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been four administrative findings of resident on resident sexual abuse that have occurred at the facility. In the past 12 months there have been no criminal findings of guilt of resident-on-resident sexual abuse occurring at the facility. In the event a disciplinary sanction results in the isolation of a resident, CAYC 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, CAYC shall ensure that residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. In the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. Interviews from staff confirm that the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, interviews confirm that the facility offers the same services to offending residents and that the facility may require participation in interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. CAYC 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.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.8.2
- Christian Acres Youth Center, Inc. Policy 14.6.2
- Christian Acres Youth Center, Inc. Policy 14.5.2
- Christian Acres Youth Center, Inc. Policy 13.8
- Christian Acres Youth Center Pre-Audit Questionnaire
- Review of documentation
- Interview with PREA Coordinator

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)

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.

Policy 17.9 Chapter 17 (Medical and Mental Care – Medical and Mental Health Screenings; history of sexual abuse) All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days. In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is 100%. Medical and mental health staff maintain secondary materials documenting

compliance with this required service. 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 maintain secondary materials documenting compliance with this service. Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Documentation of their duty as mandated reporters to report abuse is disclosed to the resident in writing and signed by the resident acknowledging understanding.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.9
- Christian Acres Youth Center Pre-Audit Questionnaire
- Auditor review of documentation
- Interviews with medical and mental health staff
- Interview with PREA Coordinator

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)

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.

Policy 17.9.1 Chapter 17 (Medical and Mental Care – Access to Emergency Medical and Mental Health Services) 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 the services are determined by medical and mental health practitioners. 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. Interviews with medical and mental health staff confirm their understanding and compliance with this standard.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.9.1
- Christian Acres Youth Center Cooperative Agreement with Madison Parish Hospital
- Christian Acres Youth Center Pre-Audit Questionnaire
- Interviews with Medical Staff
- Interview with PREA Coordinator

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)

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.

Policy 17.9.2 Chapter 17 (Medical and Mental Care - Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers) addresses ongoing medical and mental health care for sexual abuse victims and abusers. Policy 17.9.2 requires CAYC to offer ongoing medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. CAYC does not house female residents. CAYC has entered into a Cooperative Agreement with Madison Parish Hospital for treatment of residents. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Additionally, the facility will attempt to obtain a mental health evaluation within 60 days of learning of such abuse history and offers treatment when deemed appropriate by a mental health practitioner. Agency policy and responses received during interviews with medical and mental health staff and the PREA Coordinator confirm compliance with this standard.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.9.2**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interviews with Medical and Mental Health Staff**
- **Interview with PREA Coordinator**

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)

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.

Policy 17.10 Chapter 17 (Data Collection and Review – Sexual Abuse Incident Reviews) outlines compliance with this standard and provides information regarding the incident review team and its role. The Policy details the make-up of the sexual abuse incident review team. Policy also outlines the elements to be considered in their assessments of incidents. Further, policy dictates the facility conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there were five 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 five

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 officials 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 Compliance Manager, who in this case, is the PREA Coordinator. Policy states that the facility will document and implement the recommendations for improvement or document its reasons for not doing so. Interviews with staff who make up the facility incident review team, as well as the Director revealed that they understand the purpose of the incident review team and the process by which incidents will be reviewed. Review of all five reports of findings exhibited the facility’s understanding of the process and provided this auditor the opportunity to assess the effectiveness of the current incident review process.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.10**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Review of all five Reports of Findings**
- **Interview with PREA Coordinator**

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)

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.

Policy 17.10.1 Chapter 17 (Data Collection and Review – Data Collection) supports 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. CAYC will aggregate the incident-based sexual abuse data at least annually. CAYC 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 agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.10.1**
- **Christian Acres Youth Center Policy 5.0**
- **Christian Acres Youth Center Annual Review Form**
- **Christian Acres Youth Center Annual Report 2014**
- **Interview with PREA Coordinator**
- **Interview with Director**

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)

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.

Policy 17.10.2 Chapter 17 (Data Collection and Review – Data review for corrective action) and Policy 17.10.3 Chapter 17 (Data Collection and Review – Data storage, publication and destruction) addresses this standard. CAYC will review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and training, including: identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings from its data review and any corrective actions for the facility and agency as a whole. The report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of CAYC’s progress in addressing sexual abuse. The report shall be approved by the Director and made readily available to the public through the agency website: www.christianayc.com. CAYC reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of CAYC, but in so doing will indicate the nature of the material redacted. A review of documentation and interviews with the Director and PREA Coordinator confirms this practice.

Evidence relied upon to make auditor determination:

- Christian Acres Youth Center, Inc. Policy 17.10.2
- Christian Acres Youth Center, Inc. Policy 17.10.3
- Christian Acres Youth Center Pre-Audit Questionnaire
- Interview with Director
- Interview with PREA Coordinator

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)

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.

Policy 17.10.3 (Data Collection and Review – Data storage, publication and destruction) requires that the agency ensures that incident-based and aggregate data are securely retained. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection unless Federal, state or local laws require otherwise. Interviews with the Director and PREA Coordinator along with policy demonstrates compliance with this standard.

Evidence relied upon to make auditor determination:

- **Christian Acres Youth Center, Inc. Policy 17.10.3**
- **Christian Acres Youth Center Pre-Audit Questionnaire**
- **Interview with Director**
- **Interview with PREA Coordinator**

AUDITOR CERTIFICATION

I 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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature

April 29, 2016

Date