

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 10, 2015

Auditor Information			
Auditor name: Shirley L. Turner			
Address: 3199 Kings Bay Circle			
Email: shirleyturner3199@comcast.net			
Telephone number: 678-895-2829			
Date of facility visit: July 13-14, 2015			
Facility Information			
Facility name: Montgomery County Juvenile Court Center for Adolescent Services			
Facility physical address: 333 Access Road, New Lebanon, OH 45345			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (937) 687-9427			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: David Roby			
Number of staff assigned to the facility in the last 12 months: 70			
Designed facility capacity: 50			
Current population of facility: 32			
Facility security levels/inmate custody levels: High			
Age range of the population: 12-20			
Name of PREA Compliance Manager: Ben Rosenbauer		Title: Coordinator of Unit Operations	
Email address: brosenbauer@mcjcohio.org		Telephone number: (937) 687-9427	
Agency Information			
Name of agency: Montgomery County Juvenile Court Center for Adolescent Services			
Governing authority or parent agency: <i>(if applicable)</i> Montgomery County Juvenile Court			
Physical address: 380 West Second Street, Dayton, OH 45422			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (937) 225-4262			
Agency Chief Executive Officer			
Name: James D. Cole		Title: Court Administrator	
Email address: jcole@mcjcohio.org		Telephone number: (937) 225-4262	
Agency-Wide PREA Coordinator			
Name: Ben Rosenbauer		Title: Coordinator of Unit Operations	
Email address: brosenbauer@mcjcohio.org		Telephone number: (937) 687-9427	

AUDIT FINDINGS

NARRATIVE

The Montgomery County Juvenile Court Center for Adolescent Services is located in New Lebanon, Ohio and is a 50-bed secure residential treatment facility that houses male and female juvenile offenders. The facility opened in 2001 and is operated by the Montgomery County Juvenile Court. It is funded by the Ohio Department of Youth Services (ODYS) for the provision of residential treatment services to residents who otherwise would be placed in an ODYS correctional facility. Residents may participate in program activities that include individual, group and family counseling; education services; recreation; and religious services. Residents are provided the opportunity to participate in religious services on a voluntary basis.

Medical and mental health services are provided on-site for all residents. The medical staff includes one Registered Nurse, one Licensed Practical Nurse, and the contract physician who visits the facility three times per week. Mental health services are provided by the Clinical Intake Coordinator, the contract psychiatrist who is on-site 10 hours per a week, and supportive mental health services are provided on-site through other contract staff. Education services are provided on-site and include special education. A school psychologist and a speech therapist are provided by the local Education Service Center. Education services also include the availability of post-secondary opportunities to meet the needs of residents that have completed high school or obtained their GED. There have been 70 staff members employed at the facility during the past year that may have contact with residents and there are currently a total of 12 volunteers and contractors that have contact with residents. Direct care staff provide supervision to the residents and supervise their activities and movement throughout the approved areas of the facility.

The facility provides a cognitive-behavioral treatment program that consists of several distinct phases where the resident's behavior determines the progress he/she makes. Staff that lead group sessions, classes, family sessions and other program components, provide weekly feedback on each resident's progress in the form of a Progress Summary Report. When a resident masters his/her current phase, he/she will be eligible for advancement to the next phase.

DESCRIPTION OF FACILITY CHARACTERISTICS

The program is housed in one building with the front entrance containing a spacious lobby and an area for visitors to sign in and out. The administrative section is in the front part of the building and contains offices, conference room and a break room. Information regarding third-party reporting is posted in the lobby, along with third-party reporting forms, making the information available to visitors and employees. Privacy lockers are located in the front lobby for staff and visitors.

Beyond the front lobby and the administration area is the main hallway, leading to the control room and onto the living areas. Located along the hallway area are additional offices; five classrooms; library; medical clinic; and entrances to the dining hall and kitchen. The facility contains a total of four living units with three bathrooms in three units and two bathrooms in one unit. The bathrooms provide a reasonable amount of privacy for each resident. The living units have the PREA reporting information posted in conspicuous areas. During the past year, one additional camera has been added to each classroom. Additional cameras have also been added to the library, the main hallway and the administrative area of the building to increase monitoring visibility. The facility has a total of 71 cameras; 23 of those were installed during this audit period.

The building also houses a gym and a weight room which is an adjacent room to the gym area. Over the last year, additional cameras were added to the gym and the weight room. The facility has an outside recreation space and an additional two cameras were added to this area in order to address blind spots and support direct supervision. Two storage areas are located in back of the building with outside entrances. Each storage entrance has been clearly identified with permanent signs indicating restricted areas and that residents are not permitted entrance in these areas.

One hundred twenty-four residents have been admitted to the facility in the past 12 months and the average length of stay is four months. There are four staff members responsible for conducting administrative investigations. The Coordinator of Unit Operations who also serves as the PREA Coordinator serves as the primary investigator. Any investigations of a criminal nature are conducted by the Montgomery County Sheriff's Office. PREA reporting information is posted in each living unit and throughout the facility, accessible to residents, staff and visitors.

SUMMARY OF AUDIT FINDINGS

The Coordinator of Unit Operations serves as the agency's PREA Coordinator. The notifications of the on-site audit were posted in various parts of the facility prior to the site visit. Photographs were taken of the the posted notices and forwarded to this Auditor. The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive and mailed to this Auditor. After a review of the information, notes were sent to the ODYS statewide PREA Coordinator and a conference call was held with key staff from the facility and ODYS to discuss the audit process, clarify information, and to discuss additional information needed. The conference call also included the implementation of corrective actions to address specific areas of a standard prior to the on-site audit.

The on-site audit was conducted July 13-14, 2015 and Robert Lanier, Certified PREA Auditor, served as the assistant to this Auditor. An entrance meeting was held with the facility's management staff, the Court Administrator and staff from ODYS. After the meeting a comprehensive tour of the facility was conducted and included all living units; classrooms; medical clinic; gym; outside recreation area; storage areas; mezzanines; library; control room; kitchen; dining room; and offices. During the tour, staff members were observed supervising residents during various activities. Cameras, with many being added during the past year, are strategically placed throughout the facility and on the outside for monitoring and enhancing the direct supervision provided by staff.

Staff members interviewed included 20 employees, consisting of specialized and randomly selected staff and a contractor, and 10 residents were interviewed. It was evident from the interviews conducted that staff and residents have received the PREA training. All staff interviewed were knowledgeable of their duties and responsibilities as they relate to PREA compliance. Direct care staff members were interviewed from all shifts. The residents interviewed were also knowledgeable of what PREA means and how to report sexual assault and sexual harassment. Contact was made with the victim advocacy representatives by this Auditor, prior to and during the on-site visit. The interview with the representative, during the on-site visit, verified the services to be provided as stated in the documentation provided.

The supporting documentation for each standard was provided in an organized manner on the flash drive and during the on-site audit. Additional documentation was provided as requested during the on-site visit. A close-out meeting was held at the conclusion of the second day with key facility staff, the Court Administrator and other court staff, and the ODYS statewide PREA Coordinator. Additional ODYS central office staff participated in the close-out meeting by phone. A summary of the audit findings was provided during the close-out meeting.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

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.

The facility’s policies include a chapter entitled Prison Rape Elimination Act, PREA that provides the strategies for a zero-tolerance approach to addresses sexual assault and sexual harassment. The PREA Policy details the strategies for preventing, detecting and responding to sexual assault and sexual harassment. Definitions are included in the Policy, as well as the prohibited behaviors and sanctions for those who participate in such behaviors. The Coordinator of Unit Operations serves in the role of PREA Coordinator. He has completed the training, PREA: Coordinators’ Roles & Responsibilities, through the National Institute of Corrections.

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)

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This standard is Not Applicable. The facility does not contract with other entities for the confinement of their residents.

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 staffing plan and details of the staffing patterns are contained in the document, Staffing Plan, Supervision & Monitoring, and in the PREA Policy. The requirements for each shift are addressed in these documents. Staff interviews addressed how overtime, a draft list and volunteer coverage may be used to provide coverage. A review of documentation and staff interviews revealed that the staffing plan is

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reviewed twice a year. The form, Supervisory Shift Report, may be used to document any staffing plan deviations. The facility is currently reviewing the placement of additional staff and how additional staff will be used to provide coverage that meets the required ratios. Unannounced rounds are provided for in the PREA Policy and the Administrators and Supervisors are responsible for completing and documenting the rounds. The Policy also prohibits staff from announcing when the unannounced rounds occur. Documentation review and staff interviews confirmed that the rounds are conducted and that measures are taken to ensure that staff members do not alert other staff while the rounds are occurring.

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.

The PREA Policy and the staff interviews confirmed the practice that cross-gender searches are prohibited. The PREA Policy also prohibits body cavity searches in the facility. These searches may only be performed due to exigent circumstances or when performed by medical practitioners. All searches are documented on the Search Report form. The facility reports that during the past year there have been no cross-gender visual body cavity searches or cross-gender pat-down searches of residents that were performed by non-medical staff. Staff and resident interviews supported that no cross-gender searches have occurred. The PREA Policy requires staff of the opposite gender to announce their presence when entering the housing area where residents may be showering, changing clothes or performing bodily functions. The facility has also installed a bell at the entrance of each living unit to be used to indicate that an opposite gender staff will be entering the unit. Interviews revealed that all staff and residents understand the purpose of the bell and stated that it is consistently used.

Staff members are prohibited by the PREA Policy from searching transgender or intersex residents to determine the resident's genital status. The Policy also states, and was supported by interviews and training documentation, that staff are trained regarding the searching of transgender and intersex residents. According to the policy, searches will be performed in the manner that is least intrusive, consistent with security needs and that only medical staff will search transgender and intersex residents. Staff interviews supported that medical staff will conduct the searches of transgender and intersex residents.

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.

The PREA Policy indicates that residents' needs are assessed on an individualized basis in determining the need for support services. Interpreter and translation services are provided by Miami Valley Interpreters, LLC. An MOU with the company provides for disabled residents to have equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to

sexual abuse and sexual harassment. The facility does not rely on resident interpreters or resident readers, according to the PREA Policy and staff interviews. The facility has PREA notices posted in a dominant language other than English. According to facility reporting and staff interviews, resident interpreters or resident readers have not been used to assist staff during this audit period.

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.

The PREA Policy provides information regarding the hiring process and the grounds for termination, in accordance with the standard. Background checks are conducted on new employees and at least every 5 years on current employees and contractors who may have contact with residents. The PREA Policy is aligned with the standard regarding hiring and promotion decisions. Interviews and a review of personnel documents supported the requirements of the standard.

Standard 115.318 Upgrades to facilities and technologies

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

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.

Direct staff supervision is supplemented with electronic monitoring. The facility has a total of 71 cameras with 23 having been added during the past year. The additional cameras were added to address specific blind spots and to increase visibility. The cameras have been strategically placed inside and on the outside of the building. Upgrades also included the system’s ability to store up to 30 days of data. Supervisory and administrative staff can access the camera system from their offices.

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.

Facility investigators are responsible for conducting administrative investigations and the Montgomery County Sheriff's Office conducts criminal investigations of sexual abuse allegations that may be criminal in nature. The facility's primary investigator is the Coordinator of Unit Operations/PREA Coordinator. All facility investigators have received training for the role of investigator through the National Institute of Corrections and other agencies. A Memorandum of Understanding (MOU) exists between the facility and the Montgomery County Sheriff's Office regarding criminal investigations of allegations of sexual assault. The Sheriff's Office agrees, as stated in the MOU, to follow the protocol set forth in the PREA Standards 115.321 (a) through (f). The MOU states that the facility staff will cooperate with the investigations.

Forensic examinations will be conducted at the Dayton Children's Hospital as stated in a letter of agreement. The Hospital has the services of a Pediatric Sexual Assault Nurse Examiner and/or an Emergency Services Provider. The letter of agreement and the PREA Policy indicate that forensic exams will be provided at no cost to the victim. The agreement also states that the medical practitioners have received the appropriate training as required. No forensic exams have been conducted during this audit period. The facility has a Memorandum of Understanding with a victim advocacy agency for the provision of advocacy services. The supportive services that will be provided to victims are emotional support, crisis intervention, referrals for resources, and access to a 24-hour hotline directly to the Office of Victim Services.

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.

The PREA Policy provides for facility staff to conduct administrative investigations and that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months all allegations resulted in administrative investigations. One allegation was referred for a criminal investigation and was determined to be unfounded by the Montgomery County Sheriff's Office. All allegations of sexual abuse or sexual harassment are documented as required. The allegations referred to the Montgomery County Sheriff's Office are also documented on the Investigation Checklist and the Investigation Log, per the PREA Policy. The Montgomery County Job and Family Services-Children Services Division is also contacted regarding an allegation of sexual assault. A third-party reporting form is available online and these forms are provided in the lobby of the facility. PREA information and the third-party reporting form is available on the agency's website, accessible to parents, guardians and the general public.

The facility had a large number of allegations that were investigated by the facility investigators. Interviews with staff, residents and a review of the documentation revealed that the vast majority of the allegations were not PREA related. Most of the behaviors that were investigated violated facility policy and program rules but were not PREA violations. Specific recommendations were made to the administrative staff that would address the inappropriate behaviors that violate the program rules. The recommendations included the facility following the specific definitions of sexual assault and sexual harassment as provided in the PREA Standards document and in the PREA training. The facility had begun an internal review of the investigated incidents and had already begun to categorize many of the reports and investigations more appropriately.

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.

The PREA Policy provides detailed information regarding staff training. The employees primarily receive online training that includes the elements of the standard. Staff receive refresher training or refresher information to remain knowledgeable and aware of current issues; formal training must be completed annually. The training is documented and staff interviews confirmed that training is provided based on the PREA Standards and the facility's PREA Policy.

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.

The PREA Policy requires that volunteers and contractors who have contact with residents be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to any allegations. The zero-tolerance policy is also reviewed with volunteers and contractors. The training was evidenced through an interview with a contractor and a review of training documentation.

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.

According to the PREA Policy, all residents receive information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual misconduct. Residents receive PREA education as confirmed through a review of signed education acknowledgment forms and interviews with residents and staff. During the intake process the PREA information is shared with residents both verbally and in writing. Resident education methods include a review of the Resident Handbook and the Youth Safety Guide and within 10 days of intake, residents are shown a video. The PREA education activities are summarized through a post-test that the resident completes once he/she has

received the information. The facility has a MOU with Miami Valley Interpreters, LLC, for support services that assist residents in understanding the PREA information and the services will be obtained as needed. The PREA education will be provided through accessible formats for residents who are limited English proficient, deaf, visually impaired or otherwise disabled.

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)

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The PREA Policy provides specific information regarding the training for staff receiving training for conducting investigations. There is documentation of various training for staff responsible for conducting investigations and other staff. The documentation included certificates of training from the Ohio Department of Youth Services, Relias Learning and the National Institute of Corrections. Allegations of sexual abuse will be conducted by the Montgomery County Sheriff’s Office and a referral also made to the child welfare agency, Montgomery County Job Family Services-Children Services Division.

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)

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The PREA Policy addresses training for medical and mental health staffs. Documentation shows and interviews confirmed that the medical and mental health staff members have received specialized training. An array of training certificates show each medical staff member completing some or all of online training through the National Institute of Corrections, Relias Learning and the American Correctional Association. The Registered Nurse has additional related certificate training from the Tennessee Law Enforcement & Training Center and the American Probation & Parole Association. The Clinical Specialist has received related specialized training sponsored through the Cleveland Christian Home which is an authorized provider of CEU’s through the State of Ohio Counselor and Social Work Board.

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.

The PREA Policy details the use of the Reception Screening Tool, including that it be used within 72 hours upon admission for determining each resident’s risk of sexual abuse victimization or sexual abusiveness toward other residents. Staff and resident interviews and a review of documentation confirmed that the screening is being conducted. The PREA Policy also addresses how the re-assessment of a resident’s risk level will occur.

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.

The PREA Policy addresses the use of the Reception Screening Tool and the Reception Screening Tool Re-Assessment and how the information obtained is used. Interviews with staff and residents and a review of documentation confirmed that risk screening does occur. The Policy also provides for the use of isolation, including its use only as a last resort, the rights that must be afforded a resident in isolation, and the review of continued isolation. During this audit period, it was reported that no residents were placed in isolation because they were at risk of sexual victimization. The PREA Policy requires that the facility makes housing and program assignments for transgender or intersex residents on a case-by-case basis. Additionally, the Policy prohibits placing gay, bi-sexual, transgender, or intersex residents in separate housing based solely on such identification status.

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.

According to the PREA Policy, the facility provides multiple internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violation that may lead to abuse. Residents may talk to a staff member; complete a Family Specialist Request Form; complete a medical request form; complete a grievance form; and/or use the telephone located on the unit to report to the Victim /Witness Division of the Montgomery County Prosecutor’s Office. Residents have access to writing utensils, paper, and the aforementioned forms on a daily basis. Staff members are required to immediately document the verbal reports they receive. The PREA Policy states that staff will accept reports from third-parties. The internal ways of reporting are also provided in the

Resident Program Handbook and reporting information is posted in the facility, for the view of residents and visitors. Parents and guardians are also provided a copy of the Resident Program Handbook. Resident interviews revealed that they are aware of the different ways they can report sexual abuse and sexual harassment. Staff interviews revealed that they are aware of the resident reporting methods and how staff can anonymously report allegations of sexual abuse and sexual harassment.

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)

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The PREA Policy section, Exhaustion of Administrative Remedies, is detailed and aligned with this standard’s requirements. The Policy states that the facility does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual assault or sexual abuse. A review of documentation showed that staff uses the Policy as a guideline regarding timelines and in the response to grievances. The Policy provides that a resident is subject to discipline for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the resident filed the grievance in bad faith.

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)

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Residents have access to outside victim advocacy services for emotional support services related to sexual abuse. The facility has a Memorandum of Understanding (MOU) with the CareHouse Child Advocacy Center through the Victim/Witness Division of the Montgomery County Prosecutor’s Office. Contact information for supportive services is provided in the Resident Program Handbook and postings. Residents are also provided written information indicating that victim services can be obtained through the Victim/Witness Division by providing them the phone number and address; residents’ sign their names acknowledging receipt. The MOU states that the advocacy agency will provide emotional support, crisis intervention services and referrals for resources. The residents are also provided the 24-hour reporting number for the Montgomery County Department of Job and Family Services-Childrens Services Division and information on how to contact the Legal Assistance Program which is part of the Ohio Public Defender’s Office.

The PREA Policy and staff and resident interviews support that residents are provided confidential access to their attorney or other legal representative. Residents are provided the contact information for the State of Ohio Public Defender’s Office and the Montgomery County Public Defender’s Office. The PREA Policy section states that all residents have unimpeded access to parents/guardians through phone calls, letter writing and visitation.

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)

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The PREA Policy provides for third-party reporting of sexual abuse. Third-party reporting information is included in the Resident Program Handbook provided to parents/guardians, as well as residents. Information on how to report allegations of sexual assault and sexual harassment is posted throughout the facility. Third-party reporting forms are maintained in the lobby of the facility and are available on the Montgomery County Juvenile Court’s website.

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.

According to the PREA Policy and the Ohio Revised Code, all staff members are required to report any allegation of sexual misconduct. The facility staff members are also required by the Policy to immediately document allegations received. The PREA Policy provides direction to staff regarding reporting duties and prohibits staff from revealing any information related to a sexual abuse report to anyone, other than those provided for in the standard.

Standard 115.362 Agency protection duties

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

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 Protection Duties section of the PREA Policy provides guidance to staff regarding the protection of residents when staff learns that the resident is in substantial risk of imminent sexual abuse. The Policy identifies the protective actions that are to be taken by staff. Interviews with staff revealed that they are familiar with the Policy and the protective measures to be taken.

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.

Upon receiving an allegation that a resident was sexually abused while confined in another facility, the Director or designee will notify the head of the facility where the alleged abuse occurred as soon as possible, but no later than 72 hours. The contact will be documented on the Internal Investigation Checklist. The PREA Policy also provides for notifying the child protection agency regarding the allegation of abuse.

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.

The PREA Policy contains the staff first responder duties and outlines the requirements of the standard. Staff interviews revealed that they are aware of the duties as first responders and the duties regarding non-security staff. During this audit period there has not been an incident where a first responder had to separate an alleged victim and abuser.

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 PREA Policy contains the protocols for responding to an incident of sexual abuse. The facility also has a written institutional response plan that outlines, in diagram format, the responsibilities of the staff. The plan coordinates the actions of the various staff members.

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)

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.

This standard is Not Applicable. The facility is not responsible for collective bargaining and has not entered into or renewed any collective bargaining agreement or other agreement.

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.

The PREA Policy provides direction regarding protection against retaliation for residents and staff who report sexual abuse or sexual harassment or cooperate with investigations. It is the responsibility of the Coordinator of Unit Operations/PREA Coordinator to monitor for retaliation against residents and staff. If retaliation conduct is identified, the monitoring will be conducted for at least 90 days and beyond if necessary as provided by Policy and as stated in the interview. The facility reports that there have been no incidents of retaliation during this audit period.

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.

until an alternative for keeping the resident safe can be arranged. The Policy requires that where a resident is placed in isolation because he/she alleged sexual abuse, the resident must have visits from medical or mental health staff, receive education services and access to other programs and work opportunities to the extent possible. Access to large muscle activities is also required by the PREA Policy. The facility reports that during this audit period, there have been no residents placed in isolation as a result of allegations of sexual abuse or who were placed in isolation to protect them from sexual victimization.

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.

The PREA Policy includes information that addresses criminal and administrative investigations. Administrative investigations are primarily conducted by the Coordinator of Unit Operations. The Montgomery County Sheriff’s Office conducts the criminal investigations regarding allegations of sexual abuse. The Policy provides details for administrative and criminal investigations in accordance with the standard and states that investigations are not terminated solely because the source of the allegation recants the allegation. A review of completed investigations demonstrate that all allegations are thoroughly investigated. All written reports are retained according to the standard, unless as stated in the PREA Policy, the abuse was committed by a resident and applicable law requires a shorter period of retention.

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.

According to the PREA Policy, the facility will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews and a review of the completed investigations support the Policy.

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.

The PREA Policy provides for the alleged victim to be informed that an investigation has been concluded. Following an investigation, the resident is notified of the findings in writing on the Investigation and Decision Form, unless the allegation was unfounded. It is evident that when investigations are conducted by the Montgomery County Sheriff’s Office, the Director remains abreast of the investigation through contact with the Sheriff’s Office. The findings are provided and the subsequent notification to the alleged victim is made by facility staff. The Investigation and Decision Forms show that residents are notified and the notification is acknowledged by the resident’s signature. The signature acknowledges the resident’s receipt and understanding of the investigation decision. The process provides for a resident to appeal the findings of the investigation to the Program Manager who will review the investigation. The facility reports one allegation of sexual abuse that was investigated by the Montgomery County Sheriff’s Office. A review of the investigation records show that the case was closed as unfounded. The facility uses an Internal Investigative Checklist which assists in ensuring that the investigation process is followed as required. The Checklist provides a synopsis of the steps taken by staff regarding the allegation and subsequent investigation.

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.

According to the PREA Policy, staff members are subject to disciplinary sanctions up to and including termination for violating the zero-tolerance policy governing sexual abuse or sexual harassment. The Policy provides that all terminations for violations of sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, are reported as required. During this audit period, one staff member was terminated due to substantiated findings of an administrative investigation regarding allegations of sexual harassment.

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.

activity was clearly not criminal, and to relevant licensing bodies. The Policy requires that appropriate remedial measures be taken and consideration be given to prohibiting further contact with residents in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer. The facility reports that during this audit period, there have been no contractors or volunteers who have been reported to the Montgomery County Sheriff's Office and/or relevant licensing bodies for engaging in the sexual abuse of residents.

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 PREA Policy provides that residents found in violation of the Policy will receive disciplinary sanctions pursuant to a formal administrative process and the findings determined. During this audit period, there have been no administrative findings of resident-on-resident sexual harassment that occurred in the facility. A Behavior Contract is usually developed for the resident regarding sexual misconduct behavior. It was recommended that a multi-disciplinary team develop an array of sanctions that address facility rule violations of sexual misconduct in addition to the development of Behavior Contracts to reduce the facility rules violations that relate to sexual misconduct. Policy also provides that if a resident is held in isolation, the resident will be afforded access to the required services as stated in the standards. During this audit period, no residents have been placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

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.

The PREA Policy provides for residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days. Review of documents and interviews with staff revealed that residents who disclose prior victimization or previously perpetrating sexual abuse are seen during the intake process or shortly afterwards by the Clinical Specialist and the Nurse. Secondary logs and other records are maintained by mental health and medical staffs that document the services provided. The PREA Policy directs that medical and mental health staffs 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.

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.

According to the PREA Policy, treatment services will be provided to victims at no cost to them and whether or not the victim names the abuser or cooperates with any investigation arising out of the incident. The Policy states and interviews with clinical staff support that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. These services will be based on the professional judgment of medical and mental health staffs. The PREA Policy and practices are aligned with the requirements of the standard. Interviews with medical and mental health staffs and a review of documentation indicate that the related services are consistent with the community level of care.

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.

The PREA Policy outlines the ongoing medical and mental health care for sexual abuse victims and abusers. Interviews with clinical staff detailed the follow-up treatment and resources that would be available in providing ongoing care to residents. Policy and staff interviews ensure that resident victims of sexual abuse will be offered tests for sexually transmitted infections that are medically appropriate. Mental health evaluations will be conducted within 60 days. Clinical staff interviews and the PREA Policy ensure that related services are consistent with the community level of care.

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.

The PREA Policy provides for the establishment of an incident review team and details its role and states that the team meeting is led by the PREA Coordinator and members include upper level management. Supervisors, investigators, medical staff, and mental health staff also

provide input during the incident review team meetings. A review of the PREA Investigation Log, PREA Investigation Decision Forms and Sexual Abuse and Sexual Assault Incident Review Checklists show that incident reviews were conducted within 30 days of the conclusion of investigations, where required. Interviews with staff revealed that they understand the role of the incident review team.

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.

The PREA Policy provides direction to staff regarding data collection including the description of sample data. A review of documentation and interviews support the data collection processes implemented by staff. The Policy provides for the collection of incident-based, uniform and aggregated data regarding allegations of sexual abuse. A standardized instrument is used and there is a set of definitions that should be used as a guide to frame the data.

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.

The PREA Policy provides guidance to staff regarding data review of corrective action related to this standard. The collected and aggregated data is reviewed to assess and improve the effectiveness of the implementation of the PREA standards. An annual report is required and the review of reports and staff interviews and discussions documented the practice.

Standard 115.389 Data storage, publication, and destruction

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

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.

Observations and interviews confirmed that the incident-based and aggregate data are securely stored. The section of the PREA Policy on Data Storage, Publication and Destruction provides for the required data collection and its secure storage for 10 years. The PREA Policy provides that aggregated PREA data be reviewed for the removal of all personal identifiers. Documentation and interviews revealed that the Policy and practices are aligned with the standard.

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.

Shirley L. Turner

August 10, 2015

Auditor Signature

Date