

**Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities**

Interim Final

Date of Report July 15, 2018

Auditor Information

Name: Shirley L. Turner	Email: shirleyturner3199@comcast.net
Company Name: Correctional Management and Communications Group, LLC	
Mailing Address: P. O. Box 370003	City, State, Zip: Decatur, GA 30037
Telephone: 678-895-2829	Date of Facility Visit: June 28, 2018

Agency Information

Name of Agency Montgomery County Juvenile Court Center for Adolescent Services		Governing Authority or Parent Agency (If Applicable) Montgomery County Juvenile Court	
Physical Address: 333 Access Road		City, State, Zip: New Lebanon, OH 45345	
Mailing Address: Same as Above		City, State, Zip:	
Telephone: 937-687-9427		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: “We are a Court of law dedicated to the task of upholding the Constitution and administering the laws of our land in a just and equal manner. We must strive to provide individualized justice for our children and protect our community, carefully balancing the interests of both. We believe there must be consequences for violation of the laws and that treatment begins with legal consequences. These consequences are intended to teach one responsibility and accountability for their actions. Yet our goal is not to punish but to rehabilitate whenever rehabilitation can be effected without endangering the community.”

Agency Website with PREA Information: www.mcjcoho.org

Agency Chief Executive Officer

Name: Michael Garrett	Title: Director
Email: MGarrett@mcjcoho.org	Telephone: 937-687-7208

Agency-Wide PREA Coordinator

Name: Ben Rosenbauer	Title: Coordinator of Unit Operations/PREA
Email: BRosenbauer@mcjcoho.org	Telephone: 937-687-1708
PREA Coordinator Reports to: Bruce Graham, Program Manager	Number of Compliance Managers who report to the PREA Coordinator 1

Facility Information

Name of Facility:	Montgomery County Juvenile Court Center for Adolescent Services		
Physical Address:	333 Access Road, New Lebanon, OH 45345		
Mailing Address (if different than above):			
Telephone Number:	937-687-9427		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
Facility Mission: “To strengthen the community by role modeling and empowering the residents and families we serve to develop positive and responsible decision-making skills.”			
Facility Website with PREA Information: www.mcjcoho.org			
Is this facility accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Facility Administrator/Superintendent

Name: Michael Garrett	Title: Director
Email: MGarrett@mcjohio.org	Telephone: 937-687-7208

Facility PREA Compliance Manager

Name: Bruce Graham	Title: Program Manager
Email: Bgraham@mcjohio.org	Telephone: 937-687-8128

Facility Health Service Administrator

Name: Dennis Bingham, MD	Title: Facility Medical Doctor
Email: pca.bingham@gmail.com	Telephone: 937-687-9111

Facility Characteristics

Designated Facility Capacity: 50		Current Population of Facility: 24	
Number of residents admitted to facility during the past 12 months			64
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			58
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			62
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	12-20		
Average length of stay or time under supervision:			106.68 Days
Facility Security Level:			High
Resident Custody Levels:			High
Number of staff currently employed by the facility who may have contact with residents:			69
Number of staff hired by the facility during the past 12 months who may have contact with residents:			16
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			5
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 4	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		1	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The primary camera monitoring system is located in the central control area which sits among the three living units. The system is constantly monitored by a direct care staff member. The office for direct care staff, in close proximity to the central control, is also equipped for monitoring the cameras. Supervisors and administrative staff members may monitor from the system in the direct care staff office. The system can record data for up to 45 days. The facility has a total of 71 cameras placed in inside and outside, including living units, classrooms, gymnasium, and outdoor recreation area. The cameras were observed and the area of coverage was explained by the Director.			
Medical			
Type of Medical Facility:		Medical Office Onsite	
Forensic sexual assault medical exams are conducted at:		Dayton Children's Hospital; Dayton, Ohio	

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	48
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1

Audit Findings

Audit Narrative

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

The Montgomery County Juvenile Court Center for Adolescent Services is located in New Lebanon, Ohio and serves male and female juvenile offenders. It is a 50-bed secure residential treatment facility and houses youth 12-20 years old. The Ohio Department of Youth Services (ODYS) provides funding for the provision of treatment services to residents who otherwise may be placed in an ODYS correctional facility.

The facility is accredited by the American Correctional Association, having received the last accreditation audit in October 2016. The facility's first PREA audit was completed with a written report in August 2015. The current audit was attained and assigned to the Auditor, Shirley Turner, by Correctional Management and Communications Group, LLC (CMCG) located in Minneola, Florida. Flora Boyd, also a Certified PREA Auditor assisted with the onsite audit phase.

There were no barriers in completing any phase of the audit. The Auditors had unfettered access to the facility and all staff members were receptive to the site visit and responsive to the Auditors. The audit notices were observed posted in various areas of the facility, including the lobby and housing units, and contained the contact information of the Auditor. No type of correspondence was received by the Auditor from residents or staff regarding PREA related issues.

Pre-Onsite Audit Phase

Prior to the onsite portion of the audit, there were telephone meetings conducted with the ODYS PREA Administrator and the PREA Compliance Manager. The communication ensured synchronized schedules, dissemination of information, smooth progression of the audit preparation process, and provided the itinerary for the site visit. Correspondence was exchanged and shared among the Auditor; facility Director; Program Manager who serves as the facility's PREA Compliance Manager; and the ODYS PREA Administrator. The PREA Compliance Manager, supported by the facility's PREA Coordinator, and the ODYS PREA Administrator served as the contacts for the Auditor during this audit period.

Significant to the facility's preparation for the PREA audit and the site visit is that the Coordinator of Unit Operations, who serves as the facility's PREA Coordinator, was responsible for the oversight of the PREA compliance initiatives when the last audit was conducted in 2015. The facility staff has participated in a mock PREA audit, facilitated by the ODYS PREA Administrator. The mock audit serves to monitor and review the established practices and review policies and procedures, as well as assist in the preparation of the PREA audit. Through the interactions of the Director; Program Manager/PREA Compliance Manager; PREA Coordinator; ODYS PREA Administrator; ODYS Bureau Chief of Community Facilities; mock audit; and documented training, it was determined that the staff remains aware of the audit process, role of the Auditor, and the meaning and purpose of corrective actions.

A sign announcing the audit and containing the Auditor's contact information was provided to the facility by the PREA Administrator and had previously been provided by CMCG to the PREA Administrator. Copies of the notices were made by facility staff and were posted throughout the facility at least six weeks prior to the site visit. Pictures were taken and sent to the Auditor via email. The areas of the postings were identified and these areas were accessible to residents, staff and visitors. The placement of the notices included living areas; lobby; hallways; lobby; and common areas for residents, staff, volunteers, and contractors. Communication with the Program Manager/PREA Compliance Manager and the ODYS PREA Administrator did not indicate the need for additional audit notices in languages other than English and no accommodations for disabilities were needed regarding the audit notices.

The completed PREA Pre-Audit Questionnaire, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. The completion date of the Pre-Audit Questionnaire was May 14, 2018. This document was received by the Auditor well over a month before the site visit. After an assessment of the information provided, a written review or issue log was provided to the PREA Administrator and the PREA Compliance Manager. The written document requested additional documents and clarification of some of the information already provided. The additional information was provided by the PREA Compliance Manager and communication was maintained to ensure the Auditor's receipt of follow-up information prior to the site visit and to identify any additional information for review during the site visit.

The PREA Administrator had been provided a document by CMCG titled, "Information Requested to Determine Staff and Residents to be Interviewed During the On-Site PREA Audit." The document was forwarded to the facility's PREA Coordinator who completed and returned the document to the Auditor. The document requested the identification of the staff members who served and performed in specific PREA related specialized roles within the facility, including volunteers and contractors who have contact with residents. The document also requested a list of direct care staff and their shift assignments and a resident population roster. Additionally, the request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender residents; and residents housed in isolation. The Auditor conferred with the PREA Compliance Manager to confirm schedules and to clarify specialized PREA roles. A current resident roster was also provided to the Auditor. As a result of the information received, the Auditor developed an interview schedule of specialized and random staff and which also included two targeted resident interviews.

Onsite Audit Phase

The site visit was conducted on June 28, 2018. The Auditors, accompanied by the ODYS PREA Administrator, arrived onsite during the early morning hours in order to interview some staff members on the overnight shift. Direct care/random staff members working the overnight shift were interviewed immediately upon the Auditors' arrival to the facility to eliminate the accrual of overtime hours. Once the interviews were completed, an entrance conference was conducted which included formal introductions and a review of the audit process, site visit activities and the itinerary. The entrance conference included the Director; Program Manager-Operations/PREA Compliance Manager; Coordinator of Unit Operations/PREA Coordinator; Program Manager-Treatment; Youth Specialist/Administrative Assistant; and ODYS PREA Administrator.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted and led by the Director and included the PREA Compliance Manager; PREA Compliance Manager; ODYS PREA Administrator; and ODYS Bureau Chief of Community Facilities; and other facility staff.

The tour included all areas of the facility. The staff was observed providing direct and engaged supervision of the residents.

During the comprehensive site review, the printed notifications of the PREA site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, such as living units, hallways, lobby and common areas for residents and staff. The notices contained large enough print to make them accessible and easy to see and read. Posted signs were also observed around the facility regarding general PREA information including the abuse reporting hotline numbers and information regarding access to victim advocacy services through the Victim/Witness Division of the Montgomery County Prosecutor's Office. Documentation and interviews confirmed that forensic medical examinations will be performed at the Dayton Children's Hospital in Dayton, Ohio. The forensic medical examinations will be performed by a Pediatric Sexual Assault Nurse Examiner, as confirmed by a letter from the Pediatric Sexual Assault Nurse Examiner Coordinator of the Children's Hospital. The letter and staff interviews confirm the services will be at no cost to the victim.

Telephones were observed in each living unit for reporting allegations of sexual abuse and sexual harassment. The telephones were tested and the reporting process was discussed during the site review. Additionally, during the site review and subsequent walkthroughs, residents were observed in the dayrooms of their living units engaged in leisure activities, dining room during breakfast and classrooms engaged in education activities. In addition to direct care staff members providing direct supervision to residents, another staff member was monitoring the camera system in the central control area.

Staff answered questions regarding resident activities and staff duties as the site review progressed through the facility. All areas of the facility were reviewed including all living units; kitchen; dining room; lobby; offices; conference room; isolation room; and outside grounds. Additionally, during the comprehensive site review, the Director described the intake process; discussed the daily scheduled activities and staff supervision; and the cosmetic changes to the facility since the last PREA audit.

Cameras and mirrors are strategically placed throughout the facility that assist in the monitoring of residents and reduce blind spots. There are no cameras in bathrooms and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. Signage was posted which indicated where residents were not allowed or only allowed with staff supervision. The doors to closets and storage rooms are kept locked. The mirrors, placed in offices, are strategically placed to provide increased visibility of the resident and staff by those staff monitoring from the outside of the office.

Sixty-nine staff members are currently employed at the facility that may have contact with residents. There are 48 volunteers and contractors who are currently authorized to enter the facility. A total of 24 residents were in the facility during the site visit. Ten residents were interviewed after randomly selecting the names from the facility population report. A previous inquiry was made regarding vulnerable categories within the resident population related to the selection of targeted interviews. Residents were randomly selected for interviews from the population roster, considering each housing unit and information regarding the make-up of the population. Two targeted resident interviews were conducted as a result of inquiry, self-identification and the vulnerability screening instrument.

Twelve random staff members covering all shifts were interviewed and 11 individual specialized staff members were interviewed based on their job duties and PREA roles, including two volunteers and two contractors. Although 11 individuals were identified for specialized interviews, the specialized interviews conducted totaled 17 due to staff members in this category serving in more than one PREA related specialized role. The two volunteers interviewed conduct religious-based groups and the two

contractors provide clinical services to the residents. The interviews with the residents and staff and volunteers indicated their receipt of PREA training which was also verified by a review of documentation, including training materials.

The following categories of resident interviews were conducted:

- Random Residents (8)
- Targeted Interviews/Residents who Identify as Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) (2)

There were no residents identified in the following areas for targeted interviews:

- Physical Disability
- Reported Sexual Victimization During Risk Screening
- Youthful Inmates
- Physical Disability
- Cognitive Disability
- Blind, Deaf or Hard of Hearing
- In Segregated Housing for High Risk of Sexual Victimization
- Residents who Reported Sexual Abuse

The following specialized staff interviews were conducted in addition to 12 random staff (direct care); Director, PREA Compliance Manager and PREA Coordinator.

- Contract Administrator (1)
- Intermediate or higher level staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (1)
- Clinical Contractors (2)
- Medical Staff (1)
- Mental Health Staff (1)
- Administrative (Human Resources) Staff (1)
- Volunteers who have contact with residents (2)
- Facility Level Investigative Staff (1)
- Staff who perform screening for risk of victimization and abusiveness (1)
- Staff who supervise residents in segregated housing (1)
- Staff on the sexual abuse incident review team (1)
- Designated staff member charged with monitoring retaliation (1)
- Intake Staff (1)
- First Responder Non-security Staff (1)

Policies, procedures and supporting documentation were reviewed prior to the site visit and while onsite for interviewees and persons not interviewed. The secondary documentation reviewed again while included but was not limited to various forms; sample of 10 personnel files including background checks; risk and other screening instruments; investigation files; education and training acknowledgement forms; training records; checklists; sexual abuse coordinated response plan; retaliation monitoring form; and other documentation. During the site review, grievance and medical forms and deposit boxes were observed posted in the living units.

The facility reports and the documentation supports there were four allegations of sexual abuse in the past 12 months. A review of documentation revealed three allegations received an administrative investigation by the facility-based investigator who is also the PREA Coordinator. An administrative investigation was conducted for the other allegation by a trained investigator from the Ohio Department of Youth Services. The investigations resulted in two allegations being determined Unfounded and two as Unsubstantiated.

All staff members working in the facility are considered mandatory reporters by Ohio State law. The facility's website contains PREA information, including how to report allegations. Research and interviews with the Director and ODYS PREA Administrator indicated no known litigation involving the facility. Records were observed to be stored securely with limited key access by staff.

After the completion of the site visit process, an exit briefing was held in the conference room. The attendees were the facility Director; Program Manager-Unit Operations/PREA Compliance Manager; Coordinator of Unit Operations/PREA Coordinator; Program Manager-Treatment; ODYS PREA Administrator; and ODYS Bureau Chief of Community Facilities. The exit briefing served to review the onsite process; review program strengths; discuss information provided through resident interviews; and to review the provision of pending information. The facility and ODYS staff members were given the opportunity to ask additional questions about the activities of the day and the shared information. The timelines for the submission of PREA reports were reviewed.

Post Onsite Audit Phase

The Montgomery County Prosecutor's Office-Victim Witness Division has a Memorandum of Understanding (MOU) with the facility to receive allegations of abuse and provide advocacy services upon request. The Auditor made contact with a representative for the provision of advocacy services who confirmed the services to be provided as stated in the MOU. She stated advocacy in the context of the MOU includes accompaniment for the victim regarding the forensic medical examination and investigative interview. The limitation of confidentiality regarding the services provided to a victim was also discussed.

The final report was concluded on the posted date as a result of all required information being received and/or reviewed by the Auditor, confirming all the standards were met. The report was submitted to the ODYS PREA Administrator to be reviewed and subsequently forwarded to the facility.

Facility Characteristics

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

The Montgomery County Juvenile Court Center for Adolescent Services (CAS) is in New Lebanon, Ohio, 10 miles west of Dayton. The facility was constructed in 2000 on approximately 20 acres of land and opened in 2001. The facility is a one-story freestanding structure that covers 52,000 square feet. The building contains four living units; administrative area; central control area; treatment and other offices; cafeteria; four classrooms, library/multipurpose room, medical office; gymnasium; training room; and intake area. The front entrance contains a spacious lobby and visitors may sign-in/out in the lobby area. The administrative area is in the front part of the building and contains offices, staff break room and conference room. Information regarding third-party reporting is posted in the lobby, along with third-party reporting forms, making the information available to employees, visitors, contractors, and volunteers.

Beyond the front lobby and the administration area is the main hallway leading to the central control area and living units. Located along the hallway are additional offices and aforementioned cafeteria; classrooms; medical office; and library/multipurpose room. Bathrooms are located in the living units and contain no cameras. Residents use the bathroom, including shower, one at a time and are provided a reasonable amount of privacy while they change clothes, use the toilet and shower. PREA reporting information is posted in each living unit and each unit contains a phone for reporting such. The building also contains a gymnasium and a weight room which is adjacent to the gymnasium. There is recreation space on the outside grounds which accommodate various large muscle and leisure activities.

In 2015, a program project began with the intent of transitioning the facility into a more therapeutic looking setting. Staff and residents chose the color schemes and new furniture for the units and outdoor recreation area. Reportedly, the new color schemes are based on the premise that certain colors can change the mood of a room. Some walls contain murals, with the residents assisting in their development and painting. The security level for the facility is High and the custody level for residents is High. The total number of residents admitted to the facility in the last 12 months is 72 and the average daily population for the past year is 33.

The facility utilizes evidence-based practices to address the needs of the residents, including but not limited to the following treatment curricula and programs: Motivation to Change – residents commit to work on a specific behavior or attitude; Equip Program - addresses antisocial or behavior disorders; Strengthening Families Program – provides training in parenting skills, children’s social skills and family life skills; Relapse Prevention Program (Re-entry) – focuses on a relapse prevention plan; Girls Moving On – a blend of Motivational Interviewing and Cognitive Behavioral Intervention; and Skill Streaming – social skills development.

The programming includes individual, group and family sessions designed to meet the unique needs of the population served. Parents/guardians of residents are involved in parent education with the resident as a family and individual sessions are held with the resident and parents/guardian. When residents are nearing completion of the program, participation in the Re-entry program will assist the resident in identifying situations, people and places that could trigger a relapse as well as being able to effectively use previously learned skills to avoid a potential relapse. The Re-entry or Relapse Prevention Program is designed to aid residents in their transition back to their home community.

Academic education is provided by certified teachers through the State of Ohio Board of Education. The charter for the school, CAS Academy, is specified as Special Needs-Ungraded. The education program includes four content areas: English, Mathematics, Science, and Social Studies. Various education electives are offered and include Art, Dance, Physical Education/Health, and Work Study. Through testing and monitoring, residents are placed in classes and given resources to meet individual needs. CAS provides unique experiences for residents to explore through activities such as gardening, building bird feeders, and others.

Medical services are provided by medical staff onsite and are also coordinated by the Registered Nurse. All youth admitted to the facility will meet with the Nurse for an initial health screening and are provided services as needed, through follow-up services, self-referrals and/or referrals made by staff. The Program Manager-Treatment manages the provision of mental health services and the unit. Two contractors provide clinical treatment services to residents inside the facility and both were interviewed. The contractors are knowledgeable of PREA and how to report allegations of sexual abuse and sexual harassment. Staff, through Lighthouse Youth Services, visits the facility on an as needed basis. The Lighthouse staff member provides sex offender specific counseling. The facility uses clinical interns from Wright State University, School of Professional Psychology, to provide supportive counseling.

Direct care staff members are responsible for the daily and direct supervision of residents and manage them during their daily activities. There is a total of 69 staff members employed at the facility who have contact with residents. The staff to resident ratio was observed to be met in all areas of the facility during the comprehensive site review. The camera monitoring system supports the direct supervision provided by staff and the cameras were observed to be constantly monitored at the central control area. There is a host of management, supervisory and support staff members who provide oversight of or participation in processes and activities that contribute to the facility operations. The facility has identified the PREA Coordinator as the facility-based investigator; he is trained to conduct administrative investigations. Allegations that are criminal in nature are investigated by the Montgomery County Sheriff's Office.

The facility has a behavior management system for the residents and it includes rewards/incentives for reinforcing positive and responsible decision-making skills. Rewards are available for both individuals and living units. The recreation services are provided to residents and require direct staff supervision. Recreation services ensure each resident has the opportunity to participate. Religious services are provided for the residents by community volunteers and participation is voluntary. Religious services include Bible study, church services and religious inspired group programming. Regular and special visitation occurs at the facility. Special visits are arranged when an alternative visiting time needs to be scheduled.

The resident interviews and documentation confirmed the provision of the programs and services described. The residents indicated they could communicate with their parents/guardians through telephone calls, visits to the facility, and family sessions. Observations during the comprehensive site review revealed adequate space for conducting the programs and services described.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Standard 115.353, Resident Access to Outside Confidential Support Services and Legal Representation:

The resident interviews revealed they were not fully aware of the victim advocacy services available to them if needed. A corrective action was implemented by the Director and the PREA Coordinator. A PREA education refresher was conducted with each living unit to address the role of the Montgomery County Prosecutor's Office-Victim Witness Division as it relates to the provision of advocacy services and what those services entail.

The refresher education sessions were conducted by the PREA Coordinator. The sessions were completed with three units prior to the end of the site visit and PREA Sign-In Sheets were completed showing the signed name of each resident in the unit, date, title of education session, and name of instructor. The refresher education session was completed with the fourth unit at a later date and the PREA Sign-In Sheet was emailed to the Auditor. A meeting had already been planned, prior to the site visit, for July 25, 2018 with the Montgomery County Prosecutor's Office-Victim Witness Division to discuss training for residents and staff.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy Chapter: Prison Rape Elimination Act (PREA); Section: Sexual Abuse and Sexual Harassment
Facility Organization Chart
Position Description

Interviews:

Coordinator of Unit Operations/PREA - PREA Coordinator
Program Manager/PREA Compliance Manager
Random (Direct Care) Staff
Residents

The PREA Chapter of the policies contains the methods demonstrating zero-tolerance regarding all forms of sexual abuse and sexual harassment and identifies the approach for preventing such allegations. The Sexual Abuse and Sexual Harassment Section provides approaches for detecting and responding to allegations of sexual abuse and sexual harassment. Additionally, strategies are outlined for addressing the components of the PREA Standards and includes the following: prevention and responsive planning; training and education; risk screening; reporting; official response following a resident report; investigations; discipline; medical and mental care; and data collection and review. Definitions of the prohibited behaviors are included in the Policy Chapter which also addresses sanctions to be used when the PREA related policies are violated.

The Director, head of the facility, has identified the Coordinator of Operations/PREA as the PREA Coordinator and the Program Manager as the PREA Compliance Manager. The role of each staff member is identified on the facility's organization chart. The Program Manager answers directly to the Director and the Coordinator of Operations/PREA reports directly to the Program Manager. The responsibilities regarding PREA duties are outlined in the Job Description of the Coordinator of Operations. The PREA Coordinator has been involved in the implementation of the PREA Standards since they were introduced in the facility and has gone through PREA mock audits and the last PREA audit conducted in 2015.

The PREA Coordinator stated during the interview, he has the time and authority required to fulfill the PREA related duties. He discussed his coordination efforts and process for continuous monitoring for PREA compliance. The PREA Compliance Manager discussed his methods of ensuring the application of the PREA standards as a part of the day to day operations. Interviews with direct care staff confirmed the supervision and monitoring of the PREA efforts by the Program Manager and Coordinator of Unit Operations. The Program Manager also stated he has the time and authority to fulfill his PREA related duties.

The conditions of the facility and the interviews with random staff and residents support adherence to the PREA related policies. The interviews with the direct care staff, PREA Coordinator and PREA Compliance Manager; communication between the Auditor and the PREA Compliance Manager support the documentation reviewed and confirms the roles of the PREA Compliance Manager and PREA Coordinator.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:
Procedure IV, Prevention Planning

Interview:
Director

The interview with the Director who fills the role of the contract administrator revealed the facility does not contract with other facilities for the confinement of its residents. This is also stated in Procedure IV, Prevention Planning.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy, Sexual Abuse and Sexual Harassment, IV.3
 Staffing Plan
 Supervisor Shift Reports
 Staffing Plan Annual Evaluation
 PREA Pre-Audit Questionnaire
 Unannounced Program Visit forms

Interviews:

Director

Coordinator of Unit Operations/PREA – PREA Coordinator
Program Manager-Operations/PREA Compliance Manager

The facility PREA Policy provides details for staffing levels that ensure the minimum staffing levels of the PREA Standard are met; 1:8 during the waking hours and 1:16 during the sleeping hours, while also providing adequate staff for the facility's program requirements. The reviewed Supervisor Shift Reports which include assigned staff shift assignments and the number of residents and observations revealed the adherence to the PREA staffing ratios. The Policy provides the certain factors be taken into consideration when calculating staffing patterns and include but are not limited to findings of inadequacy from internal or external oversight bodies; blind spots; make-up of the resident population; programming needs; and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The Director's interview responses was aligned with the Policy and he stated he reviews the staffing levels at least once a quarter or as needed to ensure the mandated staff coverage is maintained.

The PREA Coordinator conducts and documents the annual staffing plan assessment in the form of the PREA Coordinator's Annual Assessment, the last one dated October 30, 2017. A review of the Annual Assessment reveals the areas assessed are: the staffing plan; prevailing staffing patterns; deployment of video monitoring and other monitoring technology; and resources, commitment, and adherence to the staffing plan. According to the Director's interview and the Pre-Audit Questionnaire, there were no deviations to the staffing plan during this audit period.

A review of a sample of documented unannounced rounds, Policy, Supervisor Shift Reports support unannounced rounds are conducted by intermediate level and higher level staff. The unannounced rounds are recorded on the Unannounced Program Visit form. The areas assessed during the unannounced rounds include but are not limited to: proper routines being followed; proper facility staffing requirements; groups in appropriate locations based on group routine and time of day; and resident and staff interactions. The interview with the PREA Coordinator revealed staff members are not informed of the rounds and there is not a routine schedule regarding the rounds. Staff members are encouraged not to alert other staff members regarding the unannounced visits, according to Policy and the PREA Coordinator's interview.

The facility PREA Policy provides for compliance to the staffing plan and the deviations are to be documented. The diagram indicating the positioning of the cameras was reviewed and the camera system as a supplement to direct supervision was explained by the Director and the Program Manager/PREA Compliance Manager. Observations during the comprehensive site review and review of documentation support adherence to the staffing plan. The Director and PREA Compliance Manager discussed the composition of the resident population, security levels and other factors and their significance in ensuring adherence to the required staff coverage.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy, IV. 4
Samples of Search Reports
Training Curriculum
Training Sign-In Sheets

Interviews:

Random (Direct Care) Staff
Residents

The facility PREA Policy provides that cross-gender strip searches and cross-gender pat down searches are prohibited at the facility, except in exigent circumstances. The interviews revealed exigent circumstances would be an extreme emergency with the same sex of the resident unavailable to complete the search. Body cavity searches are only conducted when there are exigent circumstances or when performed by medical practitioners. The interviews with direct care staff consisting of males and females stated the same and the likelihood of a cross-gender search occurring would almost be non-existent due to males and females being present in the facility. All the residents interviewed indicated they had not been involved in a cross-gender pat down search. Direct care staff interviews revealed the practice of cross-gender searches not occurring.

The Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status; this information was also verified through interviews with direct care staff. When the genital status of a resident is unknown, learning this information would be part of a broader medical examination conducted by the medical doctor in private. Procedures guide staff and ensure residents are able to shower, change clothes and perform bodily functions without being directly viewed by staff, which was supported by interviews with direct care staff members.

The interviews, review of training materials including Sign-In Sheets support staff members' participation in the training for searching residents, including cross-gender pat down searches and searches of transgender and intersex residents in a respectful manner consistent with security needs. All direct care staff members have received the training; and based on the Policy, interviews and

training documents, are prepared to conduct searches as required and in accordance with Policy and the PREA standard. The Policy requires staff receive training in conducting searches of transgender and intersex youth. Additionally, the Policy requires all searches to be documented which were verified by review of a sample of Search Reports. There were no residents in the facility that identified as transgender or intersex during the site visit.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.5
Posted PREA Information Available in English and Spanish
Memorandum of Understanding
Job Description

Interviews:

Random (Direct Care) Staff
Director

The facility Policy addresses the provision of support services for disabled residents by providing these residents the 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 Policy also prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, performance of first responder duties, or the investigation of the allegations.

The interviews with the 12 direct care staff revealed the facility staff has access to interpreters and other resources for the provision of support services, including services for the hearing impaired, Deaf, intellectual disabilities, limited reading, limited English proficient, and based on the individual need of the resident. The Memorandum of Understanding (MOU) between the facility and Miami Valley Interpreters, LLC was reviewed. The MOU provides for the interpreting services for: limited English proficient; Deaf; hard of hearing; low vision; blind; intellectual, psychiatric and speech disabilities; and otherwise disabled. A Text Telephone (TTY) is available for residents who are deaf, hard of hearing, or speech-impaired. The TTY device allows the communicating parties to communicate through typed messages back and forth. The facility has access to the availability of the Resident Program Handbook in Spanish and large print.

An Intervention Specialist will provide assistance to a resident regarding PREA education as needed. The Intervention Specialist is licensed and according to the Job Description and license, responsible for providing mild to moderate intervention services to residents within the facility. The PREA Policy requires the Intervention Specialist to be appropriately trained and licensed to serve as designated liaison to provide access to program services designed to educate and assist disabled residents for their protection.

The direct care staff interviews revealed the practice is no resident interpreters, resident readers or any type of resident assistants are used for the provision of PREA information and none have been used during this audit period. The documentation reviewed, including the Policy, interviews with direct care staff supported that all residents will have the opportunity to participate in and benefit from all of the facility's PREA efforts. There was not a resident identified as being limited English proficient and according to the Director, no youth in this category was admitted to the facility during this audit period.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy, IV.6
Juvenile Court Employee Selection Policy, Subject: Pre-Employment Procedures
Juvenile Court Employee Responsibilities, Subject: Code of Ethics
Employee Background Check Log
Contractor Background Check Log
Criminal History Background Checks
Application for Employment
Employment Verification Form
Conviction Disclosure and Prison Rape Elimination Act Disclosure

Interview:

Program Manager/PREA Compliance Manager

The facility and Montgomery County Juvenile Court Policies address hiring and promotion processes and decisions and background checks. The Policies require background checks occur prior to employment. The facility PREA Policy also requires that background checks are conducted at least every five years. A sample of personnel documents were also reviewed on the flash drive prior to the site visit. Ten personnel files were reviewed onsite which included but not limited to initial Criminal History Background Checks; follow-up Criminal History Background Checks where indicated; Application for Employment; Employment Verification Form; and Conviction Disclosure and Prison Rape Elimination Act Disclosure.

The interview and a review of Policies provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. The Criminal History Background Checks reviewed were aligned with the Employee Background Check Log. According to the Program Manager and Juvenile Court Policy, staff has a continuing duty to report misconduct. Omission of sexual misconduct or providing false information will be grounds for termination, according to the Policies and documents reviewed.

Information is gleaned from applicants regarding previously related sexual misconduct allegations and convictions. The Policy prohibits hiring or promoting anyone or enlisting the contract services of anyone who may have contact with residents who has engaged in previous sexual misconduct. A review of the hiring documents and the interview confirmed the facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire a person, contract for services, or whether to promote an employee.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Interviews:
Director

According to the interview and observations, there has not been any expansion or modification to the facility and no updates to the camera system since the last PREA audit in 2015.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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Documents Reviewed:
Facility PREA Policy, I4.8
Letter, Dayton Children's Hospital

Memorandum of Understanding, Montgomery County Sheriff's Office
Memorandum of Understanding, Montgomery County Prosecutor's Office-Victim Witness Division

Interviews:

Direct Care Staff

Coordinator of Unit Operations/PREA-Facility Investigator; PREA Coordinator

Director

The facility Policy and staff interviews confirmed a facility staff will conduct administrative investigations. The PREA Coordinator conducts administrative investigations regarding allegations of sexual abuse and sexual harassment. The Montgomery County Sheriff's Office is responsible for conducting criminal investigations of sexual abuse allegations. Allegations of sexual abuse may also be reported to the Ohio Department of Youth Services.

A Memorandum of Understanding (MOU) exists between the facility and the Montgomery County Sheriff's Office regarding criminal investigations for the allegations of sexual abuse and assault. The Sheriff's Office agrees to follow the protocol set forth in the PREA Standards 115.321 (a) through (f). The MOU states that the Sheriff's Office agrees to cooperate with the facility during the investigation process and in the completion of the investigation.

Forensic examinations will be conducted at the Dayton Children's Hospital. The Children's Hospital has the services of a Pediatric Sexual Assault Nurse Examiner and/or other emergency services provider/qualified medical personnel, as determined through a letter from the Hospital's Pediatric Sexual Assault Nurse Examiner Coordinator. The forensic medical examinations will be provided at the hospital at no cost to the victim as determined from the Letter. The facility has a reference copy of the National Protocols for Sexual Assault Medical Forensic Examinations. There have been no forensic medical examinations conducted during this audit period.

The facility has a Memorandum of Understanding with the Montgomery County Prosecutor's Office-Victim Witness Division for victim advocacy services. According to the MOU, the supportive services to victims include access to 24-hour reporting and contact, emotional support, advocacy, and provision of information and resources. According to the interview with the representative of the agency, advocacy includes accompaniment through the forensic medical examination and investigative interview.

The documentation reviewed and staff interviews confirmed their awareness of who is responsible for conducting sexual abuse investigations and the uniform evidence protocol is adhered to and is appropriate to youth. Staff interviews also confirmed their knowledge of maintaining and preserving usable physical evidence. The Plan for Coordinated Response to Sexual Abuse or Sexual Assault contains information and directions to staff regarding evidence protocol and the staff is knowledgeable of this information. There was not a need for the collection of forensic evidence during this audit period.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV. 9
Memorandum of Understanding (MOU)
PREA Pre-Audit Questionnaire
Investigation Reports

Interviews:

Program Manager/PREA Compliance Manager
Direct Care Staff
Director
PREA Coordinator/Investigator

The Policy provides that staff report all allegations of sexual abuse and sexual harassment and interviews support that reports are to be documented immediately. Staff members are aware of the Policy requirements as verified through their interviews. The facility reports four allegations of sexual abuse and documentation shows them investigated by the facility-based investigator or the Ohio Department of Youth Services for an administrative investigation; none were referred for a criminal investigation. Three of the allegations were regarding resident-on-resident and one involved staff. The investigations revealed the allegation involving the staff member was determined to be Unfounded. The three investigations involving resident-on-resident allegations determined one was Unfounded and two were determined to be Unsubstantiated.

The Montgomery County intranet provides the information for reporting allegations of sexual abuse. Reporting information is posted in various areas of the facility including but not limited to the lobby, living units, hallways and administrative area. The posted information is accessible to residents, staff, contractors and visitors. Residents receive PREA Education and staff receives PREA training, which include how to report sexual abuse and sexual harassment, as confirmed by a review of Policy and supporting documents and interviews.

The facility Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained facility investigator and sexual abuse allegations that are criminal in nature are investigated by the Montgomery County Sheriff's Office. Allegations of sexual abuse are also reported to the Montgomery County Job and family Services/Children Services and Ohio Department of Youth Services.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy, IV. 10
 PREA Training Checklists
 PREA Training Log
 Course Materials

Interviews:

Direct Care Staff
 PREA Compliance Manager

The facility Policy addresses PREA related training for staff. During the interviews, all staff members expressed familiarity with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. In addition to the results of the interviews, it was determined that PREA training is provided to staff by a review of Policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented.

The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. The facility houses males and females; it was recommended that the training includes additional courses specific to working with girls.

All direct care staff members interviewed and document review verified the general topics below are included in the training:

1. Zero-tolerance PREA related policies.
2. Staff responsibilities and how to fulfill them regarding allegations or incidents of sexual abuse or sexual harassment.
3. Residents' right to be free from sexual abuse and sexual harassment.
4. The right for staff and residents to be free from retaliation for reporting allegations or cooperating in an investigation.
5. Dynamics of sexual abuse and sexual harassment in juvenile facilities.
6. Residents and employees rights to be free from retaliation for reporting sexual abuse and sexual harassment.
7. How to avoid inappropriate relationships with residents.
8. Common reactions of sexual abuse and sexual harassment by juvenile victims.
9. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents.
10. Mandatory reporting.
11. Relevant laws regarding the applicable age of consent.

The Policy, training materials, staff interviews, review of Sign-In Sheets and acknowledgement statements verify the staff training occurs.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy, IV. 11
Power Point Training Course
PREA Training Logs
Dissemination of Policies and Procedures acknowledgement statements

Interviews:

Contractors (2)
Volunteers (2)

The Policy requires volunteers and contractors who have contact with residents, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of training material and a sample of signed acknowledgement statements and PowerPoint presentation document the training occurs.

According to the interviews with the contractors and volunteers, the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers. According to the interviews, the PREA training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy, IV.4.12
Resident PREA Education Logs 2017-2018
Education Acknowledgement statements
Acknowledgement statements for receipt of advocacy services
PREA Pre-Audit Questionnaire
MOU

Interviews:

Residents (10)
Family Specialist Supervisor/PREA Education Staff

Facility Policy provides all residents admitted receive information about the facility, including PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. According to the responses from the Family Specialist and residents, an orientation is provided to residents during the intake process. Resident interviews indicated the information is comprehensive and age-appropriate. The interview with the Family Specialist and a review of the training materials confirmed the age-appropriate materials and style used. The facility reports through the PREA PRE-Audit Questionnaire that 64/one hundred percent of youth admitted to the facility received PREA education during the past 12 months.

The PREA education sessions provide information on how to report allegations of sexual harassment and sexual abuse. The information provided to each resident focuses on the prevention of incidents of sexual abuse and sexual harassment. The residents are provided information regarding avoiding an attack; what to do if sexually assaulted; and how to access victim advocacy services. The residents

revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation; use the hotline; or complete a grievance form. A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Family Therapist Supervisor discussed the process for ensuring residents' receipt of the information, including the resident signing acknowledgement forms. The PREA related information is a part of the intake process and is completed with each resident. Each resident signs and date an acknowledgement form regarding receipt of PREA education and a separate acknowledgement form for receipt of information regarding advocacy services through the Prosecutor's Office-Victim Witness Division.

Follow-up PREA education information is provided to residents 45 days after the initial PREA education session and a written education aid is used to test how well the information was comprehended by the resident. The resident interviews revealed knowledge of their PREA rights, how to report allegations, and their general PREA knowledge. A review of the PREA Education Logs support the education sessions occur. The PREA related information is provided to staff in policies and procedures, training, and staff meetings.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be limited English proficient; deaf; visually impaired, or otherwise disabled, and to residents who have limited reading skills. The MOU between the facility and Miami Valley Interpreters, LLC was reviewed. The MOU provides for interpreting services for the following: limited English proficient; Deaf; hard of hearing; low vision; blind; intellectual, psychiatric and speech disabilities; and otherwise disabled. A Text Telephone (TTY) is available for residents who are Deaf, hard of hearing, or speech-impaired. The TTY device allows the communicating parties to communicate through typed messages back and forth. A version of the Resident Program Handbook is accessible in Spanish and large print. The facility has PREA related information posted in the lobby, living units, hallways and other areas of the facility accessible to residents, staff, contractors, volunteers, and visitors. Staff interviews confirmed residents are not used as translators or readers for other residents.

Staff from this facility will be used to provide support services to residents when the need arises to ensure access to services that will provide disabled residents the opportunity to participate in PREA education sessions. The facility has access to PREA brochures and the Resident Program Handbook in languages other than English, including Spanish and postings are also in Spanish. Documentation of PREA education sessions are maintained on the Resident PREA Education Log.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:
Facility PREA Policy, IV.13
Training Certificates

Memorandum of Understanding (MOU), Montgomery County Sheriff's Office
Ohio Department of Youth Services Policy 109-INV-02, Investigations

Interviews:

PREA Coordinator

PREA Compliance Manager

The Policy, practice and the MOU provides for investigations of allegations of sexual abuse to be conducted by the Montgomery County Sheriff's Office; administrative investigations are conducted by facility staff. The PREA Coordinator serves as the facility-based investigator however the PREA Compliance Manager has completed the training. The Policy provides for investigation training and that it includes interviewing techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The investigators have received online training courses through the National Institute of Corrections as documented by the interviews and a review of certificates and training course. The training is titled, PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed earlier this year by both employees. It served as a refresher for the PREA Coordinator. The ODYS Policy provides for the ODYS to receive the appropriate training.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy, IV.14
Training Certificates
Training Log

Interviews:

Registered Nurse, Nursing Supervisor
Clinical Intake Coordinator

The Policy and facility practice provide medical and mental health staff members receive the regular PREA training and the specialized training. Training certificates document specialized training for all medical and mental health staff members. The documentation shows completion of online health care training through the National Institute of Corrections. The training completed by medical staff was titled, PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. The mental health course was titled, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The interviews with the Nurse and the Clinical Intake Coordinator confirmed completion of training for staff in their medical and mental health units.

Medical and mental health staff completed the general training that is provided for all staff members as documented by Training Logs. The training documents and the interviews with medical and mental health staff confirmed receipt of the required training. Forensic medical examinations are not conducted at this facility which was also confirmed by the interviews.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy IV.15

Vulnerability Assessments

Re-assessment for Assaultive Behavior, Sexually Aggressive Behavior & Risk for Sexual Victimization

Interviews:

Family Specialist Supervisor

Residents (10)

PREA Compliance Manager

The facility Policy provides guidance to staff in properly screening new admissions and for reassessments to be conducted. The vulnerability screening is conducted by the Family Specialist Supervisor using the Vulnerability Assessment instrument. The completed Vulnerability Assessment is reviewed by the Program Manager and contains his signature and the date of review. The Vulnerability Assessment is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; disabilities; age; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety. This information was also confirmed by resident interviews. Disclosure of prior victimization or perpetrated sexual abuse is addressed during the time of disclosure. The resident is referred to mental health staff following the disclosure of the information.

The Family Specialist Supervisor discussed how the type of information obtained through the application of the Vulnerability Assessment. It is administered to glean information to assist staff in keeping residents safe. The Policy states residents will be screened within 24 hours of admission which was confirmed through a review of documents and resident interviews. A review of a sample of forms Policy and the Family Specialist Supervisor confirmed residents are re-assessed periodically during their stay in the facility. A refresher PREA education session is conducted with the resident when a reassessment is done. A sample of the instrument, Re-assessment for Assaultive Behavior, Sexually Aggressive Behavior & Risk for Sexual Victimization, and PREA education documents were reviewed. The vulnerability screening occurs whether the resident is transferred from another facility or is a new admission according to staff interviews and the Policy, which requires an assessment to be conducted on all residents.

A review of documentation, interviews with residents and staff confirmed the Vulnerability Assessment is administered. The information for the instrument is obtained by asking the resident questions from the checklist format; review of the resident's court records, and may include an interview with a parent, according to the Family Specialist Supervisor. All residents interviewed could identify specific areas inquired about in the administration of the Vulnerability Assessment. The completed risk assessment and re-assessment instruments are maintained in the resident's file and are also accessible to the PREA Coordinator for safety and treatment purposes. The resident files were observed to be maintained in a confidential manner in locked file cabinets.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

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

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy IV.16

Vulnerability Assessments

Re-assessment for Assaultive Behavior, Sexually Aggressive Behavior & Risk for Sexual Victimization

Pre-Audit Questionnaire

Interviews:

Family Specialist Supervisor

Targeted Resident Interviews (2)

PREA Compliance Manager

Director

Director of Nursing

Clinical Intake Coordinator

Direct Care Staff

The facility Policy provides guidance to staff regarding the use of the information obtained from the Vulnerability Assessment. The staff interviews and information obtained through the administration of the screening instrument assists in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting needs of each resident. This information was verified through a review of a sample of the completed Vulnerability Assessments.

The facility has one isolation cell where, according to the staff interviews, residents at risk for sexual victimization would only be placed for a short period of time until an alternative could be arranged to separate a victim from a likely abuser. There are four single cell housing units within the facility and all residents shower/use the bathroom separately. During the comprehensive site review no residents were in isolation or separated from the general population.

The Policy provides that residents placed in isolation will receive status reviews every 30 days to determine whether there is a continuing need for separation from the general population. The Policy and the interviews with mental health and medical staff confirmed residents will have daily access to medical and mental health providers and treatment and education programming. The facility reports no residents were placed in isolation in the past 12 months due to the residents being at risk of sexual victimization.

Random staff interviews indicated protective measures would be taken immediately if it was determined that a resident was at risk for imminent sexual abuse and responses included separating residents by changing rooms or living units and alerting supervisors and management staff which also includes the PREA Compliance Manager and PREA Coordinator. All staff interviewed, including the Director, indicated the response for the implementation of protective measures would be immediate when it has been determined a resident is at risk of imminent sexual abuse.

The PREA Policy prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. Staff is prohibited from considering the identification as an indicator that these residents may be more likely to be sexually abusive. The Policy provides housing and program assignments for transgender or intersex residents would be made on a case-by-case basis to ensure the resident's health and safety. The knowledge of the Policy directives was verified by the Family Specialist Supervisor, the staff member interviewed in the role of the risk screener.

The targeted interviews for this area relayed they have not been placed in special housing or areas reserved for gay, lesbian, or bisexual, residents. During the comprehensive site review, there were no rooms observed to be reserved. The residents confirmed that all residents use the bathroom separately, including showers. The configuration of the showers, signage and informal staff interviews support this information as practice. Each resident's concern for their own safety is taken into account through the initial administration of the Vulnerability Assessment and according to all resident interviews, by the Family Specialist. Reassessments for vulnerability status are administered as determined through documentation which also considers the resident's concern for their own safety.

REPORTING

Standard 115.351: Resident Reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.18
Telephone Guidelines
Grievance
Posted Information
Memorandum of Understanding (MOU)

Interviews:

Direct Care Staff
Residents
Family Specialist Supervisor/PREA Education
PREA Compliance Manager

Facility Policy addresses the provisions of this standard and provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how the resident can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such.

Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour hotline which is not a part of the agency as confirmed by staff interviews and a telephone interview with a representative from the Montgomery County Prosecutor's Office-Victim Witness Division. The MOU with the Prosecutor's Office confirms residents' access to the 24/7 hotline for reporting allegations of abuse. The agency may be contacted for victim advocacy services by the alleged victim or staff from the facility. A protocol statement, signed by the Court Administrator of Montgomery County Common Pleas Court and a representative of the Montgomery County Job and Family Services-Children Services Division (MCJFS-CSD), indicates confidential advocacy and other related services will be provided by the MCJFS-CSD to a victim of sexual abuse or sexual assault.

Direct care staff interviews revealed residents may use the abuse reporting hotline to privately report sexual abuse and sexual harassment. The hotline telephone was tested during the comprehensive site review and was found to be in working order. Direct care staff also revealed staff could use the abuse hotline for that same purpose. The residents were aware of using the telephone on the unit to report allegations of sexual abuse or sexual harassment.

Additional internal ways a resident may report as determined from resident interviews, informal staff interviews and observations include: completing an emergency grievance; completion of Grievance

Officer Request Form to speak with the Grievance Officer; completion of Family Specialist Form to speak with an identified Family Specialist; completion of a Medical Request form; tell a staff member; and/or tell a family member. There are designated locked boxes and forms on the living units for depositing the written forms. Writing materials are readily available for residents to complete the accessible forms. The facility does not detain residents solely for civil immigration purposes.

The Resident Program Handbook contains information for reporting allegations of sexual abuse and sexual harassment. The direct care staff and the Family Specialist Supervisor confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment.

Reporting information is posted throughout the facility in areas visible to residents, staff and visitors. The resident interviews demonstrated their familiarity with the various ways they may report allegations of sexual abuse and sexual harassment either in person, in writing, by phone, or through a third-party. The residents were aware third-party reports could be made and that reports could be made anonymously. Staff members revealed they are required to accept third-party reports.

All residents interviewed stated they have contact with someone who does not work at the facility such as a family member or other person, who they could report abuse to if needed. Policies and staff interviews indicate staff members are required to immediately document all verbal reports. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings. The methods for residents to report allegations of sexual abuse and sexual harassment are available to residents and the documentation, interviews and observation confirms this premise.

While re-visiting a female unit, the residents shared with the Auditors complaints they had regarding staff assignments and what they expressed as inappropriate behavior by staff. The Auditors convened a meeting and shared the complaints with the facility Director; PREA Coordinator/Investigator; PREA Compliance Manager; Program Manager-Treatment; ODYS PREA Administrator; and ODYS Bureau Chief of Community Facilities. The majority of the complaints were not new information to the facility administrators and the Bureau Chief of Community Facilities and some had been addressed by staff. Recommendations were provided to the staff by the Auditors in addressing issues of female residents and the facility staff shared initiatives they were considering in reducing complaints from the female residents. A document has been submitted to the Auditor identifying initiatives to be implemented for reducing complaints and addressing issues specifically related to female residents. The initiatives include but are not limited to: research opportunities for the provision of gender specific training to better equip staff in generally working with adolescent females; reduce the times male staff work in the female units; and more frequent and informative house meetings.

Standard 115.352: Exhaustion of Administrative Remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.18
Grievance
Resident Program Handbook

Interviews:

PREA Coordinator

The Policy contains the procedures regarding the process for dealing with resident grievances related to sexual abuse and sexual harassment. Residents may submit a grievance related to PREA allegations at any time regardless of when the incident is alleged to have occurred and the residents are not required to use the informal process for any situation regarding sexual abuse. The Policy provides details about the administrative remedies including the timelines according to the provisions of the standard.

The Policy and documents reviewed indicate PREA related grievances are initially responded to within 48 hours and a final decision is provided to the resident within five days. Allegations of sexual abuse and sexual harassment are investigated by facility investigators or when criminal in nature, the Montgomery County Sheriff's Office. Allegations may also be reported to the Ohio Department of Youth Services for an administrative investigation.

The facility Policy provides a resident may be disciplined when it has been determined a report alleging sexual abuse has been made in bad faith. This information is contained in the Policy and provided to the residents. Residents and staff interviewed identified the use of a grievance form as one of the methods that may be used to report allegations of sexual abuse or sexual harassment and the

residents are aware of how grievances are handled regarding sexual abuse or sexual harassment. During the past 12 months, there was one grievance submitted alleging sexual abuse against a staff member. The findings of the investigation determined the allegation was unfounded. No grievances were filed alleging substantial risk of imminent sexual abuse during the last 12 months.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy, IV.19
MOU, Montgomery County Prosecutor's Office, Victim/Witness Division
Resident Program Handbook
Posted Information

Interviews:

Residents
Director
PREA Compliance Manager

The Policy provides for residents to have access to outside confidential victim advocacy services for emotional support services related to sexual abuse. The facility has a Memorandum of Understanding with the Montgomery County Prosecutor's Office-Victim Witness Division for victim advocacy services. According to the MOU, the supportive services to victims include access to 24-hour contact, emotional support, and the provision of information and resources. The Director and PREA Compliance Manager confirmed the availability and accessibility of outside confidential support services to residents. The residents may also report allegations of sexual abuse and sexual harassment through the 24-hour number.

Contact information for supportive services is provided in the Resident Program Handbook and postings, including in Spanish, as observed during the comprehensive facility site review. The supportive advocacy services are also a part of the PREA education sessions. Residents are also provided written information indicating that victim services can be obtained through the Montgomery County Prosecutor's Office-Victim Witness Division by providing the phone number and address; residents sign and date a Victim Services document acknowledging receipt of the information. The Victim Services document provides the resident information about reporting and the advocacy services. The document also contains the phone numbers for Montgomery County Public Defender's Office and the State of Ohio Public Defender's Office. Access for contact with the aforementioned Offices is provided in the Policy. A hotline telephone is placed in each living unit and the contact information is posted on the wall at the telephone. A test was conducted of the telephone and it was concluded to be in working order. Signage was added in an effort for increased clarity for anyone who may use the telephone.

Additionally, the PREA Policy addresses communication with parents/guardians. The interviews with residents confirmed access to attorneys and court workers and reasonable access to their parents/legal guardians. The site review revealed areas where residents could meet privately with a legal representative or their court worker and the visitation area for visits with family members. All residents interviewed stated family could visit and they provided the days and times of visitation and for phone calls. Residents confirmed they had someone on the outside to report allegations of sexual abuse and sexual harassment if they needed to and these persons could make reports for them and without giving the resident's name.

The resident interviews revealed they did not fully understand the victim advocacy services available to them if they were the victim of sexual abuse. A corrective action was implemented by the Director and the PREA Coordinator. A PREA education refresher was conducted with each living unit to address the role of the Montgomery County Prosecutor's Office-Victim Witness Division, advocacy services provided, and PREA reporting. The refresher education sessions were conducted by the PREA Coordinator. The sessions were completed with three units prior to the end of the site visit and PREA Sign-In Sheets were completed showing the name of each resident in the unit. The education sessions were completed with the fourth unit at a later date and the PREA Sign-In Sheet was emailed to the Auditor. A meeting was already planned for July 25, 2018 with the Montgomery County Prosecutor's Office-Victim Witness Division to discuss training for residents and staff.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:
Facility PREA Policy, IV.20
Third Party Reporting Form
Resident Program Handbook

Interviews:
Direct Care Staff
Residents

The Policy addresses third-party reporting and interviews revealed that direct care staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to document all verbal reports immediately. Staff members understand they may report allegations privately through the use of the abuse reporting hotline.

All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents also revealed their knowledge of third-party reporting. The residents identified the methods within the facility in which they may make third-party reports such as file an emergency grievance, report to staff or a family member, or utilize the abuse reporting hotline, which are also methods of reporting any PREA allegation.

Information regarding reporting is provided through observed postings located in areas of the facility accessible to visitors, residents, facility staff, contractors and volunteers, including the lobby. The Montgomery County Juvenile Court's website contains information regarding third-party reporting of allegations of sexual abuse. The Third Party Reporting Form is observed to be located on the website.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.21
Facility Mandatory Reporting Policy
Special Incident Reports
Investigative Reports
PREA Investigation Log
MOU, Montgomery County Sheriff's Office
MOU

Interviews:

Direct Care Staff
PREA Compliance Manager
Director
Nursing Supervisor
Clinical Intake Coordinator

The Policy addresses the provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation. Reporting is to be done according to mandatory reporting laws of the State of Ohio and the facility's Mandatory Reporting Policy. The facility's trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Montgomery County Sheriff's Office. Allegations of sexual abuse are also reported to the Montgomery County Job and Family Services-Children Services Division and Ohio Department of Youth Services.

Reporting according to the State's mandatory reporting laws and the facility Policy was evident through document review regarding allegations of sexual abuse and sexual harassment and the subsequent documentation regarding the investigations conducted. The staff interviews were aligned with the requirements of the Policy and provisions of the standard. A review of documentation and interviews demonstrate allegations are reported immediately.

Staff members are instructed to immediately report all allegations of sexual abuse or sexual harassment to the On-Duty Supervisor and consequently reported to the Director, PREA Compliance Manager and PREA Coordinator. The Policy requires the Director to notify the alleged victim's parents or legal guardians unless there is documentation saying the parent/guardian should not be notified. If the resident is under the custody of a child welfare agency, the Case Worker will be notified. If the court retains jurisdiction, the attorney of record and other legal representative will be notified of the allegation within 14 days of receipt of the allegation. This information was verified through Policy review and the interview with the Director.

The interviews with direct care staff, Youth Specialist or Youth Specialist Supervisor, mental health and medical staff revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters and a written report must immediately follow reported allegations or incidents. The direct care staff members interviewed provided the reporting requirements and that staff is expected to document receipt of verbal reports immediately. The facility staff members are also required by the PREA Policy to report allegations that were made anonymously or by a third-party.

During this audit period, there were no allegations of abuse received through an anonymous report or third-party. The facility Policy prohibits staff from revealing any related information to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. The medical and mental health staff interviewed stated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:
Facility PREA Policy, IV.22
Vulnerability Assessments
Resident Housing Log

Interviews:
Director
Direct Care Staff

Facility Policy requires staff to protect the residents through implementing protective measures. Administration of the Vulnerability Assessment provide information that assist and guide staff in keeping residents safe through housing and program assignments. The interviews revealed protective measures include but are not limited to alerting supervisor and other staff; separating the residents including moving to a different housing unit; increased monitoring; and document the situation. The Director and direct care staff indicated the expectation is that any action to protect a resident would be taken immediately.

The interviews with the residents revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing the paperwork. A review of a sample of Vulnerability Assessments supports the information provided by residents. The Director and PREA Compliance Manager report during the past 12 months, no residents were identified as being subject to substantial risk of imminent sexual abuse.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:
Facility PREA Policy, IV.23
Special Incident Reports

Interview:
Director

The Policy addresses the proper notification to be made when alleged abuse occurred at another facility. Upon receipt of an allegation a resident was sexually abused while confined in another facility, the head of that facility must be contacted. Notification must be made as soon as possible but no later than 72 hours after receipt of the allegation. The Director/designee must make and document the notification and must also notify the appropriate investigative agency to report the incident for an investigation.

The Director reports, as recorded on the PREA Pre-Audit Questionnaire, that during this audit period, there was not a report about an incident of abuse occurring while the resident was confined in another facility. The Director is aware of the requirements and the required duties regarding reporting to other confinement facilities and the requirement of allegations received from other facilities must be investigated. The facility has no receipt of reports from other facilities during the past 12 months as revealed in the interview and noted on the Pre-Audit Questionnaire.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.24
Plan for Coordinated Response to Sexual Abuse or Assault
Investigation Reports

Interviews:

Direct Care Staff
Director

The Policy requires any staff acting as a first responder to separate the alleged victim from the alleged abuser; call for help; and take the appropriate steps for the preservation and collection of any evidence. The Policy directs the first responder to request the alleged victim does not wash; brush their teeth; change clothes; wash or do anything that may destroy evidence. The Plan for Coordinated Response to Sexual Abuse or Assault is aligned with the Policy and provides step-by-step directives to staff about the actions to take. The documents identify the steps to take when an identified staff member is the first to respond including the steps to take to preserve evidence from the victim and the perpetrator and staff and other contacts to make.

The Policy instructs non-security staff who may act as a first responder to request physical evidence be preserved and to contact direct care staff for assistance. Staff members who would serve as first responders are aware of their duties as determined from the interviews. There were four allegations of sexual abuse during this audit period as documented on the PREA investigations log. A review of the investigations reports also support there were no allegations or incidents that required the implementation of first responder duties.

Standard 115.365: Coordinated Response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Reviewed:

Facility PREA Policy, IV.25

Plan for Coordinated Response to Sexual Abuse or Assault

Interviews:

Director

Direct Care Staff

The facility has a written coordinated response plan to be implemented in the event of an allegation or incident of sexual abuse. The Plan for Coordinated Response to Sexual Abuse or Assault outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management. The Plan is formatted in flow chart form and the steps flow easily on the page. The documented Plan to be implemented in response to an alleged incident of sexual abuse is aligned with facility Policy and the provisions of the standard.

The direct care staff and supervisors interviewed were familiar with their role regarding the response to an allegation of sexual abuse. The Director's explanation regarding the facility's coordinated actions in response to an incident of an allegation of sexual abuse or sexual assault was aligned with the written Plan. The Policy references the Plan and indicates to staff to follow the steps outlined. The alignment of Policy and the specific emergency plan in the form of the Plan for Coordinated Response to Sexual Abuse or Assault are intended to ensure the required protocols are implemented when there is an incident of sexual abuse/sexual assault.

Standard 115.366: Preservation of Ability to Protect Residents from Contact with Abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:
Facility PREA Policy, IV.26

Interview:
Director

The facility is not involved in collective bargaining agreements according to Policy and the Director.

Standard 115.367: Agency Protection Against Retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:
Facility PREA Policy, IV.27
Retaliation Monitoring Checklist

Interviews:
Retaliation Monitor/PREA Coordinator
Director

Facility Policy provides protection to residents and staff from retaliation because they reported sexual abuse, sexual harassment or participated with an investigation regarding such. The Policy identifies the PREA Coordinator as the retaliation monitor. The interviews revealed understanding of the role of the retaliation monitor. The interview with the PREA Coordinator also revealed he understands how the discharge of the retaliation monitoring duties assist in preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with an investigation.

The areas to be monitored are identified in the Policy and the PREA Coordinator is aware of the Policy requirements when performing the monitoring activities as indicated by the interview and the review of a sample of Retaliation Monitoring Checklists. The following areas are monitored to determine if retaliation is occurring: resident disciplinary reports; status checks; housing or program changes; negative staff performance review; discrepancy in behavior points for a resident, negative performance reviews and/or reassignment of staff., aligned with the

The Policy supports measures which may be taken when retaliation is detected and include various responses and is not limited to housing changes, removal from the facility, and constant and continual supervision. The intent of the Policy also encases the monitoring areas provided by the PREA Coordinator. The Retaliation Monitoring Checklists reviewed demonstrated the status checks included asking the resident directly about retaliation occurring, examining the behavior management activities, and the form documents the initiation of status checks. The review of a sample of Retaliation Monitoring Checklists revealed no evidence of retaliation has been determined.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:
Facility PREA Policy, IV.28
Investigation Reports

Interview:
Director
PREA Coordinator/Investigator

The Policy provides for a resident who alleges to have suffered sexual abuse may only be separated from the general population as a last resort and only until an alternative for keeping the resident safe can be arranged. The Policy requires that where a resident is placed in isolation because of an allegation of sexual abuse, the resident must have daily visits from medical and mental health staff and access to education and treatment services and large muscle activities. Additionally a review of continued separation must be conducted every 30 days. There was no indication of a resident held in isolation during this audit period who alleged to have suffered sexual abuse.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]
 Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

Facility PREA Policy, IV.29
Internal Investigation Checklist
PREA Incident Log
Investigation Reports
Special Incident Reports
MOU, Montgomery County Sheriff's Office

Interviews:

Director
Direct Care Staff
PREA Coordinator/Investigator
PREA Compliance Manager

Facility Policy, staff interviews, and a review of documentation provide that administrative investigations are conducted by the facility-based investigator and criminal investigations are referred to local law enforcement. Sustained allegations as a result of a criminal investigation will be referred for prosecution by the Sheriff's Office. Allegations of sexual abuse are also reported to Montgomery County Job and Family-Children Services Division and Ohio Department of Youth Services (ODYS). There were four allegations of sexual abuse; two were determined to be Unfounded and two were Unsubstantiated. One of the four allegations was investigated by ODYS and the other three were investigated by the facility-based investigator. There were no allegations of a criminal nature therefore none were referred to the Sheriff's Office for an investigation.

The Memorandum of Understanding with the Montgomery County Sheriff's Office provides for the Office to conduct investigations that are criminal in nature and identifies the applicable PREA standard that will be followed. The facility-based investigators have received training on conducting administrative investigations through the Ohio Division of Youth Services and National Institute of Corrections as verified through interviews and review of Certificates of participation. The PREA Coordinator serves as the primary PREA investigator. The training collectively included but was not limited to: interviewing techniques for juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case of administrative or prosecution referral. The interview with the investigator and random staff revealed their knowledge of gathering and preserving evidence. The interviews ensured that electronic monitoring data will be reviewed and made available to outside agency investigators when needed.

The review of the investigation reports and interview with the facility-based investigator revealed that investigations were not terminated because a resident recanted the allegations. The Policy and the interviews with the investigator revealed investigations are not terminated due to the departure from the facility of an alleged abuser or victim. The Montgomery County Sheriff's Office will consult with the

criminal prosecution's office regarding compelled interviews based on the Sheriff's Office conducting all criminal investigations. No allegation was referred for investigation by the Sheriff's Office.

The Policy directs facility staff to cooperate with outside investigators and staff interviews confirm such. The MOU also requires cooperation by the Sheriff's Office and the facility during criminal investigations. Additionally the Policy and the interviews provide an investigation is not terminated because the source recants the allegation which was confirmed in the interview with the PREA Coordinator. The facility-based investigator follows Policy and protocols in conducting administrative investigations and the investigator receives training on conducting investigations in confinement settings as determined through the interview and a review of the training certificates.

A review of the investigation reports and related documents and interviews revealed all reports are documented. According to the PREA Policy, reports are retained for as long as the alleged abuser is housed or employed in the facility, plus five years, unless the abuse was committed by a resident and applicable law required a shorter period of retention. The files are stored at the facility in a locked file cabinet with identified key access as observed. According to the PREA Compliance Manager and the Director, the PREA Coordinator and the Director remain in communication with an outside agency when that agency is conducting a sexual abuse or sexual harassment investigation in the facility.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Reviewed:
Facility PREA Policy, IV.30

PREA Investigation Decision Form

Interview:

PREA Coordinator/Investigator

The facility's Policy and the investigation reports of the facility-based investigator, responsible for administrative investigations, impose a standard of a preponderance of the evidence for determining whether allegations are substantiated. This is also indicated on the PREA Investigation Decision Form.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:
Facility PREA Policy, IV.31
PREA Investigation Decision Form

Interviews
PREA Coordinator/Investigator
Director

The facility Policy addresses the resident being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The Director will

remain abreast of an investigation conducted by any of the investigative entities by serving as the primary contact person, as determined by the interviews.

The Policy requires, following an allegation of sexual abuse committed by staff, the resident is to be informed when the staff member is no longer posted in the unit or employed in the facility and of the staff member's indictment or conviction. Additionally, following an allegation of sexual abuse committed by another resident, the alleged victim is to be informed if the alleged abuser has been indicted, charged, or convicted. The PREA Investigation Decision Form incorporates the resident notification of the results of an investigation and documents the resident was made aware of any disposition of the alleged perpetrator.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Reviewed:
Facility PREA Policy, IV.32

Interviews:
Director
PREA Compliance Manager

The Policy provides for disciplinary sanctions, up to and including termination for those staff violating the facility's sexual abuse and sexual harassment zero-tolerance Policy. According to this section of the Policy, disciplinary sanctions for violations of facility policies relating to sexual abuse, other than actually engaging in the act, and sexual harassment are appropriate to the circumstances of the incident, staff's disciplinary history, and the sanctions for similar cases of other staff.

The Policy provides terminations or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement if the situation appears to be criminal in nature and to relevant licensing bodies. The Program Manager/PREA Compliance Manager, who also performs personnel duties, provided interview responses aligned with the Policy section. During this audit period, no staff members have been terminated or resigned for violating the facility's PREA related policies.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Reviewed:
Facility PREA Policy, IV.33

Interview:
Director

Facility Policy provides any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents. The Policy also provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies. The training documentation reviewed and interviews with the contractors and volunteers revealed the facility provides volunteers and contractors a clear understanding that sexual misconduct with a resident is strictly prohibited.

The training documentation for contractors and volunteers indicate the PREA training occurs and the contractors and volunteers are made aware of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment of residents. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may

residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:
Facility PREA Policy, IV.34
Resident Program Handbook
Behavior/Sanctions Guide
Rule Infraction Form

Interviews:
Director
Clinical Intake Coordinator

The Policy, Behavior/Sanctions document, and Resident Program Handbook address an administrative process for dealing with rule violations. Sanctions are directly related to the seriousness of the negative behavior. The interview with the Director support holding the residents accountable for their actions and the behavior management system fosters accountability of the resident. The Policy indicates when a resident is placed in isolation, the resident must receive access to large muscle exercise and legally required programming. Anyone reporting an allegation of sexual abuse or sexual harassment in good faith are immune from any civil or criminal liability.

The Policy provides sexual activity between residents is prohibited. Court and/or administrative processes and sanctions occur after determination the sexual activity was coerced. Documentation was reviewed regarding an administrative process regarding violations unrelated to coercion. A resident may be referred by law enforcement for charges and possible removal from the facility regarding resident-on-resident sexual abuse, as indicated by the Director. According to the Policy, residents may

be disciplined for sexual contact with staff only when it has been determined the staff member did not consent to the sexual contact.

A review of the disciplinary process reveals that staff will examine a resident's behavior and disciplinary history when deciding disciplinary matters. Additionally, staff will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Facility Policy and interviews with clinical staff support interventions will be offered to address the underlying reasons or motivations for abuse when the resident remains in or returns to the facility after an incident. Any type interventions or treatment services provided are not as a condition for the resident to access participation in the education or other programs.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.35
Informed Consent Form
Mental Health and Medical Services Referral form
Vulnerability Assessments
Mental Health Assessment

Interviews:

Family Specialist Supervisor/Risk Screener
Director of Nursing
Clinical Intake Coordinator

Facility Policy addresses the provisions of this standard and includes the provision for a follow-up meeting with a medical or mental health practitioner within 14 days when the resident discloses any prior incidents of sexual abuse as a victim or perpetrator. Interviews with medical and mental health staff and a review of two Mental Health and Medical Services Referral form confirmed the facility practice of residents being provided services by treatment staff within 14 days if there is a disclosure of being a victim of sexual abuse or perpetrating sexual abuse. Documentation was reviewed of two resident disclosures of allegations of incidents occurring previously and that did not occur in an institutional setting. The documentation showed the referrals made to medical or mental health staff, subsequent visits, and the use of an Informed Consent Form. Facility staff reported as required.

According to the Policy, information related to sexual victimization or abusiveness which occurred in an institutional setting is limited to medical and mental health practitioners and other staff, based on their need to know. No information is to be shared with other staff unless it is required for security and management decisions regarding a resident's sexual abuse history. Medical and mental health staff discussed their knowledge of informed consent during their interviews. An Informed Consent Form was reviewed that was used prior to staff reporting a disclosure by a resident of an allegation of sexual abuse that did not occur in an institutional setting.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.36

Plan for Coordinated Response to Sexual Abuse or Assault

Resident Handbook

Interviews:

Director of Nursing

Clinical Intake Coordinator

Facility Policy revealed emergency medical care and crisis intervention services will be provided by medical and mental health staff. The interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate, and with follow-up as needed by the facility's medical and mental health staff. Observations show that medical and mental health staff members maintain secondary materials and documentation of resident encounters.

The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through Policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim, whether or not the victim names the abuser, or whether or not the victim cooperates with the investigation.

The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. The interviews revealed the medical and mental health services are determined according to the professional judgment of the practitioner. Residents are informed of medical services during intake and the information is contained in the Resident Program Handbook.

The Policy exist for protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The interviews confirmed timely information would be provided to a victim regarding sexually transmitted infection prophylaxis.

A review of the Institutional Plan for Coordinated Response of Sexual Abuse & Sexual Assault, observations of the interactions among residents, medical and mental health practitioners, and staff interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse. It was determined from staff interviews, review of Policy and other documentation, and observations that medical and mental health staff members maintain secondary materials regarding medical and mental health services provided to residents.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:
Facility PREA Policy, IV.7
Letter, Pediatric Sexual Assault Nurse Examiner Coordinator
MOU, Montgomery County Prosecutor’s Office-Victim Witness Division

Interviews:
Director of Nursing
Clinical Intake Coordinator

The Policy addresses all provisions of the standard. Staff interviews supported follow-up and on-going mental health and medical assessments and services would be provided as ordered and indicated. Advocacy services will be provided by the Montgomery County Prosecutor’s Office-Victim Witness Division in accordance with the MOU. All treatment services will be provided at no cost to the victim as provided in documentation by the Pediatric Sexual Assault Nurse Examiner Coordinator, Dayton Children’s Hospital in Dayton, Ohio.

Facility Policy, staff interviews and observations revealed medical and mental health services are consistent with the community level of care. The Policies and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate, including assessments and therapy. Facility Policy provides for a mental health practitioner to conduct a mental health evaluation within 60 days on a resident who discloses resident-on-resident abuse and offer appropriate treatment by mental health staff. The facility’s practice is that residents receive a mental health evaluation within 72 hours of admission.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.38

Sexual Abuse and Sexual Assault Incident Review Checklist

Interview:

Program Manager/Incident Review Team Member

Facility Policy provides for an incident review to be conducted within 30 days of the completion of an investigation. The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The Policy also identifies the general positions that comprise the team. The Program Manager is knowledgeable of the purpose of the incident review process.

A format has been developed for documenting the incident review team meeting, including allowing for the assessment of the circumstances surrounding the incident and recommendations for improvement. There is a completed Checklist that was reviewed. An incident review team meeting was conducted due to the allegations made. There was an allegation of sexual abuse, where the rules were violated however the incident was not coerced as the investigation indicated.

The interview with the Program Manager confirmed the incident review team considers the make-up of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex; and other group dynamics. Additionally, other factors considered are assessment of the area of the incident and adequate staffing.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.39
Data Review for Corrective Action, 2017

Interviews:

PREA Resource Manager

The Policy and a review of the annual report confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment using a standardized instrument and

specific guidelines. The data capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ).

The facility maintains and collects various types of identified data and related documents regarding sexual abuse and sexual harassment incidents. The facility collects and maintains data in accordance with Policy directives and Ohio Department of Juvenile Justice and aggregates the data which culminates into an annual report. The facility provides DOJ with data as requested, per Policy and the interviews.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility PREA Policy, IV.40

Data Review for Corrective Action 2017

Interview:

PREA Compliance Manager

The Policy provides guidance regarding all provisions of this standard. The collected and aggregated data is reviewed to assess and improve the effectiveness of the PREA related efforts and initiatives by identifying problem areas; developing and implementing corrective actions as needed; and preparing an annual report based on the collected data. The interviews supported the provisions of the Policy and the standard. The Policy also states an annual report will be prepared that will provide information regarding the facility's corrective actions in addressing sexual abuse.

The annual report, Data Review for Corrective Action 2017, is approved as required, per the interview and a review of the report. The interview, documentation collectively reflect the agency has compared the results of annual data reports and used them to continuously improve policies; procedures; practices; and training. The annual report has been reviewed and the report is accessible to the public through the facility's website. There are no personal identifiers on the annual report.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:
Facility PREA Policy, IV.41

Interviews:
PREA Compliance Manager

The Policy provides that all data collected will be securely stored and maintained for at least 10 years after the initial collection date, unless State or local statutes require otherwise. According to the facility Policy, the aggregated sexual abuse data from all facilities will be readily available to the public through the agency's website; the practice is that the report is posted on the agency's website. A review of the annual report verified that there are no personal identifiers, as required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility ensured the completion of PREA audits for the facility as required for the initial three-year period. The facility, in conjunction with the Ohio Department of Youth Services, has embarked on fulfilling the auditing requirements for this second three-year period. The facilities have provided the Auditors with the required documentation which the auditors have maintained as required by the standards and the auditing process.

A comprehensive site review was provided during the site visit and additional documentation was reviewed during the site visit. The facility staff members were cooperative in providing additional documentation as requested. The Director provided appropriate work spaces which included conditions for conducting interviews in private with the residents and staff.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This facility was previously audited in 2015 and the Auditor confirmed the audit report was posted on the agency's website as is the practice with the facility. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit.

The facility policies and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and residents; and observations.

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Shirley L. Turner _____

July 15, 2018 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.