

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Access to Courts
Policy: 3D-01
Page(s): 1 of 2
Standards: ACA 3-JCRF-3D-01
Issue Date: 3/1/2001
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

I. Policy: It is the written policy, procedure, and practice of the Center for Adolescent Services to ensure the right of juveniles to have access to courts.

II. Definitions

- A. Censorship: The withholding of youth correspondence and/or the reading and/or deleting of parts thereof.
- B. Legal/Court Representative: Legal aid services, other agencies providing legal services to incarcerated youth, or paraprofessionals having a bonafide association with such agencies; attorneys, judges and clerks of federal, state, and local courts; or public officials and their authorized representatives acting in their official capacities.
- C. Personal Contact: Face to face interaction between juvenile(s) and person(s).
- D. Restricted: To hold within limits.

III. Procedure

- A. CAS and its staff are required to provide all residents with the opportunity to contact their legal / court representative by a variety of methods, which include:
 - 1. Personal contact;
 - 2. Written correspondence;
 - 3. Telephone communication.
- B. CAS will provide all residents with access to their legal/court representative in order to prevent any legal issue including, but not limited to, the following:
 - 1. Challenging the legality of their adjudications;
 - 2. Illegal conditions and treatment while under correctional control;
 - 3. Pursing solutions in connection with civil legal problems;
 - 4. Assuring against facility or other governmental authority any rights protected by constitutional or statutory provisions or common law.
- C. CAS will ensure that no penalty or consequence is used in conjunction with a resident's decision to initiate contact with his or her legal and/or court representative.
- D. Unless specifically prohibited in writing by the Director or designee personal contact, written correspondence, and telephone communication with legal/court representative are unrestricted and uncensored.

1. Prohibitions may be required in rare circumstances and only after a complete factual examination clearly indicates that such a contact would present a threat to the safety and security of the facility, staff, or resident(s).

E. Resident access to legal/court representatives include the following:

1. Assigned legal assistants;
2. Attorney(s);
3. Committing Judge or Magistrate;
4. Guardian Ad Litem;
5. Probations Officer(s).

F. Personal Contact

1. Visiting for legal/court representatives are coordinated by the Program Coordinator(s) or designee. Visiting hours are during normal business hours, Monday through Friday (9am – 5pm).
 - a. Alternative visiting hours are approved by the Program Coordinator(s) or designee.
 - b. A confidential visitation area for the resident and their legal/court representative is provided within the secure perimeter of the facility. For safety and security reasons, the area is continually observed by video surveillance. Audio monitoring is prohibited without written consent from the youth and legal representative.

G. Telephone Communication

1. Telephone calls to legal /court representatives are permitted to any resident, upon request, as soon as reasonably possible and programming will permit. Family Specialist and/or Family Specialist Supervisor will verify the identity of the legal representative. Telephone communication with legal /court representatives is private.
2. Telephone calls to legal representatives do not count as regularly scheduled phone calls.

H. Written Correspondence

1. Written correspondence to legal / court representative is considered privileged correspondence and may not be opened.
2. The correspondence is only treated as privileged if the name and official status of the legal / court representative appears on the envelope.
3. Privilege correspondence is mailed without charge to the resident.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Juvenile Access to Counsel
Policy: 3D-02
Page(s): 1 of 2
Standards: ACA 3-JCRF-3D-02
Issue Date: 3/1/2001
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

- IV. **Policy:** It is the written policy, procedure, and practice ensure and facilitate juvenile access to counsel and assist juveniles in making confidential contact with attorneys and their authorized representatives. Such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits.
- V. **Definitions**
- A. Censorship: The withholding of youth correspondence and/or the reading and/or deleting of parts thereof.
 - B. Legal/Court Representative: Legal aid services, other agencies providing legal services to incarcerated youth, or paraprofessionals having a bonafide association with such agencies; attorneys, judges and clerks of federal, state, and local courts; or public officials and their authorized representatives acting in their official capacities.
 - C. Personal Contact: Face to face interaction between juvenile(s) and person(s).
 - D. Restricted: To hold within limits.
- VI. **Procedure**
- I. CAS and its staff are required to provide all residents with the opportunity to contact their legal / court representative by a variety of methods, which include:
 - 4. Personal contact;
 - 5. Written correspondence;
 - 6. Telephone communication.
 - J. CAS will provide all residents with access to their legal/court representative in order to prevent any legal issue including, but not limited to, the following:
 - 5. Challenging the legality of their adjudications;
 - 6. Illegal conditions and treatment while under correctional control;
 - 7. Pursing solutions in connection with civil legal problems;
 - 8. Assuring against facility or other governmental authority any rights protected by constitutional or statutory provisions or common law.
 - K. CAS will ensure that no penalty or consequence is used in conjunction with a resident's decision to initiate contact with his or her legal and/or court representative.

L. Unless specifically prohibited in writing by the Director or designee personal contact, written correspondence, and telephone communication with legal/court representative are unrestricted and uncensored.

2. Prohibitions may be required in rare circumstances and only after a complete factual examination clearly indicates that such a contact would present a threat to the safety and security of the facility, staff, or resident(s).

M. Resident access to legal/court representatives include the following:

6. Assigned legal assistants;
7. Attorney(s);
8. Committing Judge or Magistrate;
9. Guardian Ad Litem;
10. Probations Officer(s).

N. Personal Contact

2. Visiting for legal/court representatives are coordinated by the Program Coordinator(s) or designee. Visiting hours are during normal business hours, Monday through Friday (9am – 5pm).
 - a. Alternative visiting hours are approved by the Program Coordinator(s) or designee.
 - b. A confidential visitation area for the resident and their legal/court representative is provided within the secure perimeter of the facility. For safety and security reasons, the area is continually observed by video surveillance. Audio monitoring is prohibited without written consent from the youth and legal representative.

O. Telephone Communication

3. Telephone calls to legal /court representatives are permitted to any resident, upon request, as soon as reasonably possible and programming will permit. After verification by staff of the identity of the legal representative, communication is private.
4. Telephone calls to legal representatives do not count as regularly scheduled phone calls.

P. Written Correspondence

4. Written correspondence to legal / court representative is considered privileged correspondence and may not be opened.
5. The correspondence is only treated as privileged if the name and official status of the legal / court representative appears on the envelope.
6. Privilege correspondence is mailed without charge to the resident.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Access to Programs and Services / Juvenile Rights
Policy: 3D-03
Page(s): 1 of 1
Standards: ACA 3-JCRF-3D-03
Revised: August 1995
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

- I. **Policy:** Written policy, procedure, and practice prohibit discrimination based upon a juvenile's race, religion, national origin, sex, disability, or political views in making administrative decisions and in providing access to programs

- II. **Definition**
 - A. Disability: A physical or mental impairment that substantially limits one or more of the major life activities of an individual.

- III. **Procedure**
 - A. All staff shall be trained regarding juvenile rights during orientation.

 - B. All juveniles and their parent(s)/guardian(s) are given a copy of the Resident and Parent Handbook that clearly lists the rights and responsibilities of youth in the program.

 - C. All youth in placement have equal access to programming services regardless of race, religion, national origin, sex, disability, or political views.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Protection from Harm
Policy: 3D-04
Page(s): 1 of 2
Standards: ACA 3-JCRF-3D-04
Issue Date: 3/1/2001
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

I. **Policy:** Written policy, procedure, and practice provide that juveniles are not subjected to corporal or unusual punishment, humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating and sleeping.

All staff, under the direct supervision of the Director, will be responsible for procedural compliance with this policy.

II. Definition

A. Corporal Punishment: Physical punishment to the human body.

B. Mental Abuse: Any action intended to cause someone psychological distress.

C. Humiliation: The abasement of pride, which creates mortification or leads to a state of being humbled or deduced to lowliness or submission.

III. Procedure

A. CAS disciplinary procedure prohibits all punishments including, but not limited to the following:

1. Corporal or unusual punishment;
2. Denial of contact with parent(s)/legal guardian; excluding legal and/or safety and security reasons;
3. Denial of legal assistance and social/case work service;
4. Denial of medical care;
5. Denial of regular meals;
6. Denial of shelter, clothing, bedding, or restroom facilities;
7. Denial of sufficient recreation;
8. Denial of sufficient sleep;
9. Excessive, inappropriate or intentionally painful exercise;
10. Group sanctions or punishment for the behavior of an individual;
11. Isolating or ostracizing;
12. Mental abuse or psychological intimidation;
13. Requiring or forcing a resident to maintain an uncomfortable position such as squatting or bending or requiring a resident to continuously repeat physical movements when used solely as a means of punishment;
14. The assignment of physically strenuous harsh work or exercises, when used solely as a means of punishment;
15. Verbal abuse, swearing, or derogatory remarks toward a resident, resident' family, race, religion, or cultural background;
16. Violating a resident's reasonable enjoyment of privacy;
17. Violating a resident's right to enjoy freedom of thought, conscience, and religion;

18. Violating a resident's right to have his opinion heard.
- B. Staff will manage youth behavior through the use of designed programming.
 - 1. Discipline will never be of a nature or administered in a way that will degrade, demean, or physically harm a youth.
 - 2. All youth will be treated with consistency, kindness, and respect.

 - C. Staff is the only individuals permitted to assign discipline.
 - 1. Volunteers / Interns must consult with staff when dealing with disciplinary issues.

 - D. Youth are not permitted to supervise or discipline other youth.

 - E. Failure of staff to abide by this policy will result in disciplinary action.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Protection from Harm
Policy: 3D-04-02
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Standards: ACA 3-JCRF-3D-04 -02
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

- IV. **Policy:** Written policy, procedure and practice ensure that information is provided to juveniles about sexual abuse/assault including:
- a. Prevention /intervention
 - b. Self-protection
 - c. Reporting sexual abuse /assault
 - d. Treatment and counseling

The information is communicated orally and in writing, in a language clearly understood by the juvenile, upon arrival at the facility.

V. Definitions

A. General Definitions

- a. Prison Rape Elimination Act, PREA: Public law 108-79, to provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and provide information, resources, recommendations, and funding to protect individuals from prison rape.
- b. Staff and/or Employee- Person(s) who works for the Montgomery County Juvenile Court, MCJC.
- c. Contractor- Person(s) who provide services on a recurring basis pursuant to a contractual agreement with the facility.
- d. Medical Practitioner- A health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
- e. Mental Health Practitioner- A mental health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
- f. Volunteer- An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

B. Documentation Definitions:

- a. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization: Within 24-hrs of admission the assessing or assigned Family Specialist conducts screening with resident. The assessing or assigned Family Specialist signs/dates screening at conclusion. Screening is maintained within resident's case file.
- b. PREA- What You Should Know About Sexual Abuse & Assault: Upon admission the assessing or assigned Family Specialist reviews this document with resident. Resident

sign(s) document in acknowledgement and document is maintained within resident's case file.

- c. PREA Investigation and Decision Form: Document broken into two (2) steps. Steps One (1) details the following: resident name and unit; the date the Grievance Form and Special Incident Report were received and initial response begun; and investigation decision. Step Two (2) details the appeal. Document is completed by the PREA Coordinator.
- d. Internal Investigation Checklist- Document used by assigned administrator or designee, used to investigate an incident and/or allegation. This document details the following: the type of complaint; victim name; subject name; investigators; allegation; source of allegation; date and time of incident; indication of witnesses and witness statements; investigation information; internal investigation facts and findings; and criminal investigations.
- e. Special Incident Report: Document detailing critical incident(s).

C. Abuse Definitions:

- a. Physical Abuse: Physical abuse includes cruel and prolonged corporal punishment and or discipline that is repeated and unwarranted and can lead to serious impairment and/or retardation in the child's mental health and development. Physical injuries might include bruises, welts, contusion, burns, and fractures.
- b. Neglect: Neglect shall be defined and reported when a child is abandoned, lacks proper parental care, and is not provided basic life subsistence (i.e., food, clothing, shelter, hygiene, medical care). Determination shall be made through facts and evidence collected by investigative authorities.
- c. Prohibited Behavior: Correspondence of, engaging in, or attempting to engage in a sexual act with any resident or the intentional touching of a resident/staff's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.
 - i. Sexual acts or contacts between a resident and a staff member, even with no objections are raised, are always illegal.
 - ii. Sexual acts or contacts between residents, even when no objections are raised, are prohibited acts.
- a. Sexual Abuse/Assault – Includes
 - i. Sexual abuse/assault of an inmate, detainee, or resident by another inmate, detainee, or resident.
 - ii. Sexual abuse/assault of an inmate, detainee, or resident by a staff member, contractor, or volunteer.
- b. Sexual Abuse/Assault by Another Inmate, Detainee, or Resident- Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - i. Contact between the penis and the vulva, or the penis and the anus, including penetration however slight;
 - ii. Contact between the mouth and the penis, vulva, or anus;
 - iii. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - iv. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - v. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.

- c. Sexual Abuse/Assault by a Staff Member, Contractor, or Volunteer – Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
- i. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - ii. Contact between the mouth and the penis, vulva, or anus;
 - iii. Contact between the mouth and any other body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - iv. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - v. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - vi. Any attempt, threat, or request by a staff member, contractor or volunteer to engage in the activities described above in points (Ba) – (Be);
 - vii. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
 - viii. Voyeurism by a staff member, contractor, or volunteer.
 - i. The invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties. This includes the following:
 - ii. Peering at a resident who is using the toilet in his or her cell to perform bodily functions;
 - iii. Requiring a resident to expose his or her buttocks, genitals;
 - iv. Taking images of parts of an resident’s naked body; and
 - v. Taking images of a resident performing bodily function.
- d. Sexual Harassment Includes the following:
- i. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate detainee, or resident directed toward another; and
 - ii. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

VI. **Procedure**

A. The facility has a zero tolerance stance on all forms of harassment, sexual abuse and sexual harassment.

B. Child Abuse and Neglect: Ohio Revised Code: Section 2151.421

1. All staff, by law, are required to immediately report all instances of child abuse and/or neglect consistent in Section 2151.421 of the Ohio Revised Code and corresponding applicable rules for the Ohio Administrative Code.
 - i. All staff, under the direct supervision of the Director, will be responsible for procedural compliance with this policy.

C. Resident Education , Awareness and Self-Protection

1. The assessing or assigned Family Specialist screen youth within twenty-four (24) hours of admission. This assessment will be documented on the following form:
 - i. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization.

2. The assessing or assigned Family Specialist educate youth within twenty-four (24) hours of admission regarding the facility's zero-tolerance policy regarding sexual abuse, sexual assault, and sexual harassment, how to report incidents or suspicions of sexual abuse, sexual assault, or sexual harassment, their rights to be free from sexual abuse, sexual assault, and sexual harassment and to be free from retaliation from reporting such incidents, and regarding facility policies and procedures for reporting to such incidents. Review and acknowledgement of this education is documented on the following form(s):
 - i. PREA- What You Should Know About Sexual Abuse & Assault
 - ii. Resident and Parent/Guardian(s) participation in the receipt of this information is documented within Parent Resident Handbook- Receipt and Acceptance of Program Regulations and maintained within the resident's case record.

3. The facility will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

4. Resident needs will be assessed on an individualized basis in determining the need for additional or alternative services, (i.e., limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills). Information and education will be delivered in a manner that is appropriate to meeting the developmental needs of the youth.

5. All residents are responsible for being alert and aware to signs of potential situations in which sexual abuse/assaults might occur.

D. Residents with Disabilities, Limited English Proficient

1. The facility will not discriminate on the basis of sex, disability, race, creed, national origin, gender, or native language in the provision of services, programs, and activities administered for residents.

2. Resident needs are assessed on an individualized basis in determining the need for additional or alternative services.

3. The Director will contract with service providers based upon assessment, if necessary.
 - i. The facility will not rely 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 PREA standard 115.264, or the investigation of the resident's allegations.
 - ii. When a literacy or communication barrier exists, the following method(s) may be implemented to assist the resident in understanding the material:
 - a. Reading the material to the youth;
 - b. Provide material in language of origin;
 - c. Obtaining an interpreter

E. Reporting & intervention

1. Resident Reporting & Intervention

- i. The facility will provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- ii. The living units are equipped with secure Grievance Boxes.
- iii. Residents have unimpeded access to Grievance Forms and upon completion are required to place them within the Grievance Boxes.
- iv. Grievance Forms transmitted without alteration, interference, or delay to the PREA Coordinator for its receipt and investigation.
- v. Staff will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports.
- vi. The facility will provide residents with access to writing tools necessary to make a written report.
- vii. The facility will provide a method for staff to privately report sexual abuse and sexual harassment of residents.

2. Staff Reporting & Intervention: Abuse and Neglect

- i. The facility and staff adhere to the procedures outlined within the Prison Rape Elimination Act, PREA.
- ii. All staff adhere to the Montgomery County Juvenile Court policy and procedure regarding Code of Ethics, as stated in **Montgomery County Juvenile Court Employee Handbook**

Chapter: Juvenile Court Employee Responsibilities

Subject: Code of Ethics

Section: 8.1

- iii. Staff are required to immediately report the following:
 - a. All instances of child abuse, neglect, sexual abuse and/or sexual harassment
 - b. Allegations of child abuse, neglect, sexual abuse and/or sexual harassment
 - c. Third Party- Reporting of child abuse, neglect, sexual abuse and/or sexual harassment
 - d. Resident Reporting of child abuse, neglect, sexual abuse and/or sexual harassment
- iv. Staff will document all reports of child abuse, neglect, sexual abuse and/or sexual harassment on the Special Incident Form.

F. Treatment and Counseling Services

- 1. The facility will provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.
- 2. The facility will 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.
 - i. Communication will be monitored in accordance with the following ACA Standards:
 - a. Standard 5G-03: Inspection of Letters and Packages
 - b. Standard 5G-05: Telephone
 - c. Standard 3D-01: Access to Courts
- 3. Services:
 - i. Montgomery County Juvenile Court utilize the following Support Services:
 - a. Victim Advocacy: Samaritan CrisisCare: Elizabeth Place 601 Edwin C. Moses Blvd., Dayton Ohio 45417. (937) 224-4646
 - b. Reporting: Montgomery County Job and Family Services- Children Services Division, (MCJFS- Children Services), 937- 224-5437.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
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Policy: 3D-04-03
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Authorized by: William Shaffer, Director

VII. Policy: Juveniles are screened within twenty-four (24) hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly.

VIII. Definitions

D. General Definitions

4. Prison Rape Elimination Act, PREA: Public law 108-79, to provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and provide information, resources, recommendations, and funding to protect individuals from prison rape.
5. Staff and/or Employee: Person(s) who works for the Montgomery County Juvenile Court, MCJC.
6. Medical Practitioner: A health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.

E. Documentation Definitions:

1. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization: Within 24-hrs of admission the assessing or assigned Family Specialist conducts screening with resident. The assessing or assigned Family Specialist signs/dates screening at conclusion. Screening is maintained within resident's case file.
2. PREA- What You Should Know About Sexual Abuse & Assault: Upon admission the assessing or assigned Family Specialist reviews this document with resident. Resident sign(s) document in acknowledgement and document is maintained within resident's case file.

F. Gender Identity Definitions

1. Gender Nonconforming: Person(s) whose appearance or manner does not conform to traditional societal gender expectations.
2. Intersex: Person(s) whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female.
3. Transgender: Person(s) whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

IX. Procedure

- A. The facility has a zero tolerance stance on all forms of harassment, sexual abuse, sexual assault, and sexual harassment.
- B. The facility and staff adhere to the procedures outlined within the Prison Rape Elimination Act, PREA.

C. Screening Youth: Potential Vulnerabilities, Risk of Sexual Victimization, Abusiveness and/or Tendencies of Acting out with Sexually Aggressive Behavior

- 1. The assessing or assigned Family Specialist educate youth within twenty-four (24) hours of admission regarding the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents, and regarding facility policies and procedures for reporting to such incidents. Review and acknowledgement of this education is documented on the following form(s):
 - i. PREA- What You Should Know About Sexual Abuse & Assault
 - ii. Resident and Parent/Guardian(s) participation in the receipt of this information is documented within Parent Resident Handbook- Receipt and Acceptance of Program Regulations and maintained within the resident's case record.

- 2. The assessing or assigned Family Specialist screen youth within twenty-four (24) hours of admission. This assessment will be documented on the following form:
 - i. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization.

- 3. **Obtaining information from residents.**
 - i. All residents will be assessed by the Family Specialist during the intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents.
 - ii. Intake screening will take place within twenty-four (24) hours of arrival at the facility.
 - iii. Intake screenings will be conducted using objective screening instrument (i.e., PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization).

- iv. Intake screening will consider at a minimum, the following criteria to assess residents for risk behaviors including assaultive, sexually aggressive, and/or sexual victimization:
 - a. Whether the resident has a mental, physical or developmental disability;
 - b. Resident's level of emotional and cognitive development;
 - c. The age of the resident;
 - d. The physical build of the resident;
 - e. Whether the resident has previously been incarcerated;
 - f. Whether the resident's criminal history is exclusively nonviolent;
 - g. Whether the resident has prior convictions for sex offenses against an adult or child;
 - h. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - i. Whether the resident has previously experienced sexual victimization; and,
 - j. The resident's own perception of vulnerability;
 - k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
- v. Intake screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing residents for risk of being sexually abusive.
- vi. Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to the information within this section.
- vii. The facility will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this ACA standard and the Prison Rape Elimination Act, PREA, in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

1. Use of screening information: Placement of residents in housing, bed, program, education, and work assignments.

- a. The facility will use information from the risk screening in determining housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This is documented within the Personal Program Plan and subsequent thirty (30) day reviews.
- b. The facility will make individualize determinations about how to ensure the safety of each resident.
- c. Residents may be 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. Any approved periods of isolation are in accordance with juvenile supervision procedures/policies. If a resident is isolated the facility will clearly document (Special Incident Form, Internal Investigation Checklist, Rule Infraction Form) the following:
 - i. The basis for the facility's concern for the resident's safety; and

- ii. The reason why no alternative means of separation can be arranged.
- d. Every thirty (30) days, the facility will afford each resident requiring isolation, a review to determine whether there is a continuing need for separation from the general population.
- e. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Transgender and/or cross-gender youth will be re-assessed at least twice a year to determine if amendments need to be made.
- f. A transgender or intersex resident's own views with respect to his or her own safety will be given serious consideration.
- g. A transgender or intersex residents will be given the opportunity to shower separately from other residents.
- h. The facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
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Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

X. **Policy:** Written policy procedure and practice require that an investigation is conducted and documented whenever a sexual assault is alleged, threatened, or occurs.

XI. Definitions

B. General Definitions

- a. Resident, Youth, or Juvenile- Person(s) under the age of eighteen (18), unless under adult court supervision and confined or detained in a prison, jail, correction, or detention center.
- b. Staff and/or Employee- Person(s) who works for the Montgomery County Juvenile Court, MCJC.
- c. Contractor- Person(s) who provide services on a recurring basis pursuant to a contractual agreement with the facility.
- d. Volunteer- An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

C. Documentation Definitions:

- a. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization: Within 24-hrs of admission the assessing or assigned Family Specialist conducts screening with resident. The assessing or assigned Family Specialist signs/dates screening at conclusion. Screening is maintained within resident's case file.
- b. PREA- What You Should Know About Sexual Abuse & Assault: Upon admission the assessing or assigned Family Specialist reviews this document with resident. Resident sign(s) document in acknowledgement and document is maintained within resident's case file.
- c. PREA Investigation and Decision Form: Document broken into two (2) steps. Steps One (1) details the following: resident name and unit; the date the Grievance Forms and Special Incident Forms were received and initial response begun; and investigation decision. Step Two (2) details the appeal. Document is completed by the PREA Coordinator.
- d. Internal Investigation Checklist- Document used by assigned administrator or designee, used to investigate an incident and/or allegation. This document details the following: the type of complaint; victim name; subject name; investigators; allegation; source of allegation; date and time of incident; indication of witnesses and witness statements; investigation information; internal investigation facts and findings; and criminal investigations.
- e. Special Incident Report: Document detailing critical incident(s).

D. Allegation Definitions

- a. Substantiated Allegation – An allegation that was investigated and determined to have occurred.
- b. Unfounded Allegation – An allegation that was investigated and determined *not* to have occurred.
- c. Unsubstantiated Allegation – An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

E. Abuse Definitions:

- a. Prohibited Behavior: Correspondence of, engaging in, or attempting to engage in a sexual act with any resident or the intentional touching of a resident/staff's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.
 - iii. Sexual acts or contacts between a resident and a staff member, even with no objections are raised, are always illegal.
 - iv. Sexual acts or contacts between residents, even when no objections are raised, are prohibited acts.
- b. Sexual Abuse/Assault – Includes
 - iii. Sexual abuse/assault of an inmate, detainee, or resident by another inmate, detainee, or resident.
 - iv. Sexual abuse/assault of an inmate, detainee, or resident by a staff member, contractor, or volunteer.
- c. Sexual Abuse/Assault by Another Inmate, Detainee, or Resident- Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - vi. Contact between the penis and the vulva, or the penis and the anus, including penetration however slight;
 - vii. Contact between the mouth and the penis, vulva, or anus;
 - viii. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - ix. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - x. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.
- d. Sexual Abuse/Assault by a Staff Member, Contractor, or Volunteer – Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - ix. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - x. Contact between the mouth and the penis, vulva, or anus;
 - xi. Contact between the mouth and any other body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xii. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

- xiii. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- xiv. Any attempt, threat, or request by a staff member, contractor or volunteer to engage in the activities described above in points (Ba) – (Be);
- xv. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
- xvi. Voyeurism by a staff member, contractor, or volunteer.
 - vi. The invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties. This includes the following:
 - vii. Peering at a resident who is using the toilet in his or her cell to perform bodily functions;
 - viii. Requiring a resident to expose his or her buttocks, genitals;
 - ix. Taking images of parts of an resident's naked body; and
 - x. Taking images of a resident performing bodily function.

e. Sexual Harassment Includes the following:

- iii. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate detainee, or resident directed toward another; and
- iv. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

XII. Procedure

- A. The facility has a zero tolerance stance on all forms of sexual abuse, sexual assault, and sexual harassment.
- B. CAS adheres to the Montgomery County Juvenile Court policy and procedure regarding Code of Ethics, as stated in the following:
 - 1. Montgomery County Juvenile Court Employee Handbook
Chapter: Juvenile Court Employee Responsibilities
Subject: Code of Ethics
Section: 8.1
- C. The facility and staff adhere to the procedures outlined within the Prison Rape Elimination Act, PREA.
 - 1. The facility PREA Coordinator is a defined Administrator.

D. Reporting Allegations

- 1. **Resident Reporting**
 - a. The facility will provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The manner in which residents may report include:

- i. Each living unit is equipped with secure Grievance Boxes.
 - ii. Residents have unimpeded access to Grievance Forms and upon completion are required to place them within the Grievance Boxes.
 - iii. Grievance Forms transmitted without alteration, interference, or delay to the PREA Coordinator for its receipt and investigation.
 - b. The facility will provide residents with access to writing tools necessary to make a written report.
 - c. The facility will provide a method for staff to privately report sexual abuse and sexual harassment of residents.
- 2. **Staff Reporting**
 - a. Staff are required to immediately report all instances of child abuse and/or neglect, or allegations of abuse and/or neglect, upon verbal notification of or witness to the Supervisor on-duty and document such incident or allegation on a Special Incident Form.
 - i. The completed Special Incident Form is immediately forwarded to the Director or Administrative designee.
 - b. The Supervisor on-duty immediately notifies an Administrator of all reported allegations.
 - c. The reporting of such allegations is documented on the Special Incident Report, (SIR), by all parties involved prior to the end of shift.
 - d. All SIRs are immediately secured and sealed within an 8 x 10 manila envelope, stamped confidential, and forwarded to PREA Coordinator.
- 3. **Third-party reporting.**
 - a. Staff will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports on a Special Incident Report and immediately report the allegation to the Supervisor on-duty.
 - b. The completed Special Incident Form is immediately forwarded to the Director or Administrative designee.
 - c. The Supervisor on-duty immediately notifies an Administrator of all reported allegations.
 - d. The reporting of such allegations is documented on the Special Incident Report, (SIR), by all parties involved prior to the end of shift.
 - e. All SIRs are immediately secured and sealed within an 8 x 10 manila envelope, stamped confidential, and forwarded to PREA Coordinator.

E. Investigation

- 1. **PREA Coordinator Investigation and Interviewing Process**
 - a. The PREA Coordinator, or a defined Administrator, will check and collect Grievance Forms a minimum of three (3) days a week.
 - b. All Grievance Forms are logged in the PREA Log.
 - c. Once the Grievance Forms have been retrieved, the following will occur:
 - i. Upon receipt of Grievance Form, the PREA Coordinator, will provide an initial response within forty-eight (48) hours. This response is documented on the PREA Investigation Decision Form and includes the following:
 - 1. Investigation and interviewing process will be conducted individually with any youth and staff witness to and/or allegedly involved.
 - 2. Written statements collected during interviewing investigation process are documented on the Internal Investigation Testimonial and Witness Statement form.

3. Camera surveillance films are reviewed.
- ii. All allegations of sexual abuse and sexual harassment are investigated by facility Administration, in conjunction with the Montgomery County Juvenile Court Administration.
- iii. The PREA Coordinator will document the initial response, interviewing and investigation findings and recommendations on the Internal Investigation Checklist.
 1. The Internal Investigation Checklist will be finalized and submitted to Director and Court Administration within five (5) days of receipt of Grievance Form.
 - a. Internal Investigation Checklist(s) not completed within five (5) days for exceptional circumstances, unavoidable delays, and/or reasonable postponements must be documented in memo form.
 2. The Internal Investigation Checklist will include at a minimum the following information:
 - a. Type of Complaint;
 - b. Date of Complaint Received;
 - c. Victim(s) Names;
 - d. Subject(s) Names;
 - e. Investigator;
 - f. Allegation;
 - g. Source of Allegation;
 - h. Date of Incident;
 - i. Time
 - j. Date of Investigation
 - k. Time;
 - l. Witness;
 - m. Evidence Collected;
 - n. Subject and Victim Separated;
 - o. Disciplinary Action;
 - p. Medical Assessment
 - q. Parent/Guardian Notified;
 - r. Court Administration Notified; and,
 - s. Investigation Outcome
 3. All allegations of sexual abuse or sexual harassment are referred for investigation to a facility with the legal authority to conduct criminal investigations, unless the allegations do not involve potentially criminal behavior.

F. PREA Appeal Process

1. Appealing Investigative Final Decision
 - i. Resident(s) have up to fifteen (15) days to submit an appeal.
 - ii. All investigation documentation is forwarded to the Court Administration or designee for review of appeal.
 - iii. The Court Administrator or designee meets with youth to discuss and review information pertaining to the PREA Investigation Decision and complete the appeal hearing.
 - iv. The appeal process should consider the following three factors:

1. Was there substantial compliance with facility standards and procedures in handling PREA notification and investigation process?
 2. Was the decision based on substantial evidence?
 3. Was the investigation outcome appropriate?
- v. The facility will issue a final decision on the merits of any portion of a internal investigation process alleging sexual abuse within 90 days of the initial filing of the Grievance Form.
 - vi. Computation of the 90-day time period will not include time consumed by residents in preparing any administrative appeal.
 - vii. The facility may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The facility will notify the resident in writing of any such extension and provide a date by which a decision will be made.

G. Administrative Investigation

1. All allegations of sexual abuse and sexual harassment are investigated by facility Administration, in conjunction with the Montgomery County Juvenile Court Administration.
2. The facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
3. All allegations of sexual abuse or sexual harassment are referred for investigation to an facility with the legal authority to conduct criminal investigations, unless the allegations do not involve potentially criminal behavior.

H. Referrals to Outside Agencies

1. All allegations of sexual abuse or sexual harassment deemed potentially criminal by Administration are referred to the appropriate facility, such as:
 - i. Montgomery County Job and Family Services- Children Services Division, (MCJFS- Children Services), 937- 224-5437.
 - ii. Montgomery County Sheriff's Department, 937- 225- 4357.
2. Victim advocacy services are provided through the following agencies:
 - i. Samaritan CrisisCare (937) 224-4646

I. Exhaustion of administrative remedies.

1. The facility will not impose a time limit on when a resident may submit a Grievance Form regarding an allegation of sexual abuse.
2. The facility may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse, as reflect within ACA Standard 3D-07.
3. The facility will not require a resident to use any informal process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
4. Nothing in this section will restrict the facility's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.
5. The facility will ensure that—
 - i. A resident who alleges sexual abuse may submit a Grievance Form without submitting it to a staff member who is the subject of the complaint, and
 - ii. Such Grievance Forms are not referred to a staff member who is the subject of the complaint.

6. The facility will issue a final facility decision on the merits of any portion of a PREA Investigation and Findings Report alleging sexual abuse within ninety (90) days of the initial filing of the Grievance Form.
7. Computation of the ninety (90) day time period will not include time consumed by residents in preparing any administrative appeal.
8. The facility may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The facility will notify the resident in writing of any such extension and provide a date by which a decision will be made.
9. 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, the resident may consider the absence of a response to be a denial at that level.
10. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file such requests on behalf of residents.
 - i. A parent or legal guardian of a juvenile will be allowed to file a Grievance Form regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. This notification will not be conditioned upon the juvenile agreeing to have the notification form filed on his or her behalf.
 - i. If a third party, other than a parent/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.
 - ii. If the resident declines to have the request processed on his or her behalf, the facility will document the resident's decision.
11. The facility will establish procedures for staff to file a Special Incident Report, SIR, form alleging that a resident is subject to a substantial risk of imminent sexual abuse. This SIR is immediately forwarded to the Supervisor on-duty.
12. The Supervisor on-duty immediately notifies an Administrator of all reported allegations.
13. The reporting of such allegations is documented on the SIR, by all parties involved prior to the end of shift.
14. All SIRs are immediately secured and sealed within an 8 x 10 manila envelope, stamped confidential, and forwarded to Director.
15. After receiving the SIR alleging a resident is subject to a substantial risk of imminent sexual abuse, the facility will immediately forward the SIR (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, will provide an initial response within forty-eight (48) hours, and will issue a final facility decision within five (5) calendar days. The initial response and final facility decision will document the facility's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the SIR.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Protection from Harm
Policy: 3D-04-05
Page(s): 1 of 5
Standards: ACA 3-JCRF-3D-04 -05
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

XIII. Policy: Written policy procedure and practice require that juveniles identified as high risk with a history of assaultive behavior are assessed by a mental health or other qualified professional. Such juveniles are identified, monitored, counseled, and provided appropriate treatment.

XIV. Definitions:

F. General Definitions

4. Resident, Youth, or Juvenile- Person(s) under the age of eighteen (18), unless under adult court supervision and confined or detained in a prison, jail, correction, or detention center.
5. Staff and/or Employee- Person(s) who works for the Montgomery County Juvenile Court, MCJC.
6. Medical Practitioner- A health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
7. Mental Health Practitioner- A mental health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.

G. Documentation Definitions:

1. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization: Within 24-hrs of admission the assessing or assigned Family Specialist conducts screening with resident. The assessing or assigned Family Specialist signs/dates screening at conclusion. Screening is maintained within resident's case file.
2. Ohio Youth Risk Assessment, OYAS: The Ohio Youth Assessment System is a web-based system for assessing young offenders in determining appropriate dispositions, treatment, and levels of supervision.
3. OYAS Youth Assessment Residential Tool: Assessment tool conducted during the prior to intake or during the intake process.

H. Defined Interpretation

1. Qualified Medical Practitioner- Refers to such a professional who has successfully completed specialized training for treating sexual abuse victims. (See definitions for further information on Medical Practitioner).
2. Qualified Mental Health Practitioner- Refers to such a professional who has successfully completed specialized training for treating sexual abuse victims. (See definitions for further information on Mental Health Practitioner).

3. Qualified Staff Member and/or Qualified Community Based Staff Member: An individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

XV. Procedure

- A. The facility has a zero tolerance stance on all forms of sexual abuse, sexual assault, and sexual harassment.
- B. The facility and staff adhere to the procedures outlined within the Prison Rape Elimination Act, PREA.

C. Screening Youth

1. The assessing or assigned Family Specialist educate youth within twenty-four (24) hours of admission regarding the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents, and regarding facility policies and procedures for reporting to such incidents. Review and acknowledgement of this education is documented on the following form(s):
 - i. PREA- What You Should Know About Sexual Abuse & Assault
 - ii. Resident and Parent/Guardian(s) participation in the receipt of this information is documented within Parent Resident Handbook- Receipt and Acceptance of Program Regulations and maintained within the resident's case record.
2. The assessing or assigned Family Specialist screen youth within twenty-four (24) hours of admission. This assessment will be documented on the following form:
 - i. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization;
 - ii. Ohio Youth Assessment System, OYAS, Residential Tool.
3. **Obtaining information from residents.**
 - i. All residents will be assessed by the Family Specialist during the intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents.
 - ii. Intake screening will take place within twenty-four (24) hours of arrival at the facility.
 - iii. Intake screenings will be conducted using objective screening instruments, PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization and the Ohio Youth Assessment System, OYAS, Residential Tool.
 - a. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization will consider at a minimum, the following criteria to assess residents for risk of behaviors including assaultive, sexually aggressive, and/or sexual victimization:

- 1) Whether the resident has a mental, physical or developmental disability;
- 2) Resident's level of emotional and cognitive development;
- 3) The age of the resident;
- 4) The physical build of the resident;
- 5) Whether the resident has previously been incarcerated;
- 6) Whether the resident's criminal history is exclusively nonviolent;
- 7) Whether the resident has prior convictions for sex offenses against an adult or child;
- 8) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- 9) Whether the resident has previously experienced sexual victimization; and,
- 10) The resident's own perception of vulnerability;
- 11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

b. OYAS, Residential Tool consists of assessing the following will consider at a minimum, the following criteria to assess residents for risk level, percentage of recidivism, and treatment priorities:

- 1) Juvenile Justice History
- 2) Family and Living Arrangements
- 3) Peers and Social Support Network
- 4) Education and Employment;
- 5) Pro-Social Skills
- 6) Substance Abuse, Mental Health, and Personality; and
- 7) Values, Beliefs and Attitudes

- iv. Intake screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing residents for risk of being sexually abusive.
- v. Residents may not be disciplined for refusing to answer, or for not disclosing complete. Information in response to questions asked pursuant to the information within this section.
- vi. The facility will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this ACA standard and the Prison Rape Elimination Act, PREA, in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

D. Programming and Services

1. The information yielded from the intake screening and assessment are used in determining the resident's supervision, program needs, the focus of counseling and other appropriate treatments.
2. **Supervision and Monitoring: Staffing**

- i. There will be at least one (1) staff member for every eight (8) juveniles required during waking hours.
- ii. A ratio of sixteen (16) juveniles to one (1) staff member will be required for sleeping hours, except during limited or discrete exigent circumstances, which will be fully documented.
- iii. In calculating staffing patterns the following are taken into consideration:
 - a. Judicial findings of inadequacy;
 - b. Findings of inadequacy from Federal investigative agencies;
 - c. Findings of inadequacy from internal or external oversight bodies;
 - d. Components of the facility's physical plant (including 'blind spots' or areas where staff or residents may be isolated);
 - e. Components of the resident population;
 - f. The number and placement of supervisory staff;
 - g. Programming;
 - h. Any applicable State or local laws, regulations, or standards;
 - i. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 - j. Any other relevant factors.
- iv. Supervisor(s) and/or Administrators will conduct and document unannounced visual facility checks to identify and deter staff sexual abuse and sexual harassment. These checks are conducted randomly, each shift, and are documented on the following forms: Occupied Area Inspection; Unoccupied Areas Inspection; Perimeter Checks; and Shift Reports.
 - a. Staff are prohibited from announcing when facility checks will occur, unless such announcement is related to the legitimate operational functions of the facility.

3. Supervision and Monitoring: Equipment

- i. The facility is equipped with cameras, providing 24/7 video monitoring to protect residents against sexual abuse. Video footage is stored and maintained for a period of four weeks.
- ii. The physical layout of the facility is designed to maintain 24/7 video surveillance in common areas, including living units, classrooms, etc.
- iii. Viewing mirrors are placed throughout the facility to assist in preventing blind spots and looking around view obstructed corners.
 - a. Viewing mirrors are placed in the following areas:
 - 1) Secure hallway between Pier and Harbor Unit.
 - 2) Unit Day Rooms: Bay, Dock, Pier and Harbor.
 - 3) Intake
 - 4) Laundry Rm.
 - 5) Mechanical Rm.

4. Counseling Services

- i. Individual Counseling Sessions
 - a. Family Specialist assigned to each youth is responsible for providing regular and documented individual counseling sessions.
 - 1) Counseling sessions are documented within JCS Case Notes.

- b. Family Specialist and/or Family Specialist Supervisor will coordinate services between internal and external service providers.
- ii. Contracted Mental Health Services
 - a. South Community Inc. for individual counseling and psychiatric services.
 - b. Samaritan Behavioral Health CrisisCare for crisis counseling services.
- iii. Victim Advocacy Services
 - a. Samaritan Behavioral Health CrisisCare for Victim Advocacy Services.

5. Programming & Treatment

i. Personal Program Plan: Initial

- a. Upon admission each youth receives a Personal Program Plan within the first twenty-one (21) days of admission.
- b. The Personal Program Plan will utilize information yielded from Assessments to Determine Treatment Goals, including but not limited to the following:
 - 1) Family and Living Arrangements;
 - 2) Peer and Social Support Network;
 - 3) Education and Employment;
 - 4) Pro-Social Skills;
 - 5) Personality, Mental Health, and Medical Issues;
 - 6) Substance Abuse; and,
 - 7) Values, Beliefs, and Attitudes.
- c. The Personal Program Plan will be developed by youth and designated staff members that may include, but are not limited to, the following.
 - 1) Unit Supervisor;
 - 2) Unit Counselors
 - 3) Family Specialist Supervisor;
 - 4) Family Specialist;
 - 5) Treatment Specialist;
 - 6) Team Leader
 - 7) CAS Academy Team Member (when appropriate);
 - 8) Juvenile's parent (s)/guardian (s) (when available);

ii. Personal Program Plan: Review(s)

- a. Family Specialists reevaluate the needs of youth and parent(s)/guardian(s) through Thirty (30) Day Personal Program Plan Review(s). These provide for the continued identified risks, needs, responsibility factors, and strengths.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Protection from Harm
Policy: 3D-04-06
Page(s): 1 of 5
Standards: ACA 3-JCRF-3D-04 -06
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

XVI. **Policy:** Written policy, procedure, and practice require that juveniles identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Such juveniles are identified, monitored, and counseled.

XVII. Definitions:

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8. Resident, Youth, or Juvenile- Person(s) under the age of eighteen (18), unless under adult court supervision and confined or detained in a prison, jail, correction, or detention center.
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10. Medical Practitioner- A health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
11. Mental Health Practitioner- A mental health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.

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XVIII. Procedure

- A. The facility has a zero tolerance stance on all forms of sexual abuse, sexual assault and sexual harassment.

B. The facility and staff adhere to the procedures outlined within the Prison Rape Elimination Act, PREA.

C. MCJC Employee Handbook: Code of Ethics

1. CAS adheres to the Montgomery County Juvenile Court policy and procedure regarding Code of Ethics, as stated in
Montgomery County Juvenile Court Employee Handbook
Chapter: Juvenile Court Employee Responsibilities
Subject: Code of Ethics
Section: 8.1

D. Screening Youth

1. The assessing or assigned Family Specialist educate youth within twenty-four (24) hours of admission regarding the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents, and regarding facility policies and procedures for reporting to such incidents. Review and acknowledgement of this education is documented on the following form(s):

- iii. PREA- What You Should Know About Sexual Abuse & Assault
- iv. Resident and Parent/Guardian(s) participation in the receipt of this information is documented within Parent Resident Handbook- Receipt and Acceptance of Program Regulations and maintained within the resident's case record.

2. The assessing or assigned Family Specialist screen youth within twenty-four (24) hours of admission. This assessment will be documented on the following form:

- i. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization;

3. Obtaining information from residents.

- i. All residents will be assessed by the Family Specialist during the intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents.
- ii. Intake screening will take place within twenty-four (24) hours of arrival at the facility.

iii. Intake screenings will be conducted using objective screening instruments, PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization.

- a. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization will consider at a minimum, the following criteria to assess residents for risk of behaviors including assaultive, sexually aggressive, and/or sexual victimization:

- 1) Whether the resident has a mental, physical or developmental disability;
- 2) Resident's level of emotional and cognitive development;
- 3) The age of the resident;

- 4) The physical build of the resident;
 - 5) Whether the resident has previously been incarcerated;
 - 6) Whether the resident's criminal history is exclusively nonviolent;
 - 7) Whether the resident has prior convictions for sex offenses against an adult or child;
 - 8) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - 9) Whether the resident has previously experienced sexual victimization; and,
 - 10) The resident's own perception of vulnerability;
 - 11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
- iv. Intake screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing residents for risk of being sexually abusive.
 - v. Residents may not be disciplined for refusing to answer, or for not disclosing complete. Information in response to questions asked pursuant to the information within this section.
 - vi. The facility will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this ACA standard and the Prison Rape Elimination Act, PREA, in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

E. Programming and Services

1. The information yielded from the intake screening and assessment are used in determining the resident's supervision, program needs, the focus of counseling and other appropriate treatments.
2. **Supervision and Monitoring: Staffing**
 - i. There will be at least one (1) staff member for every eight (8) juveniles required during waking hours.
 - ii. A ratio of sixteen (16) juveniles to one (1) staff member will be required for sleeping hours, except during exigent circumstances, which will be fully documented.
 - iii. In calculating staffing patterns the following are taken into consideration:
 - a. Judicial findings of inadequacy;
 - b. Findings of inadequacy from Federal investigative agencies;
 - c. Findings of inadequacy from internal or external oversight bodies;
 - d. Components of the facility's physical plant (including 'blind spots' or areas where staff or residents may be isolated);
 - e. Components of the resident population;
 - f. The number and placement of supervisory staff;
 - g. Programming;
 - h. Any applicable State or local laws, regulations, or standards;
 - i. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 - j. Any other relevant factors.

- iv. Supervisor(s) and/or Administrators will conduct and document unannounced visual facility checks to identify and deter staff sexual abuse and sexual harassment. These checks are conducted randomly, each shift, and are documented on the following forms: Occupied Area Inspection; Unoccupied Areas Inspection; Perimeter Checks; and Shift Reports.
 - a. Staff are prohibited from announcing when facility checks will occur, unless such announcement is related to the legitimate operational functions of the facility.

3. Supervision and Monitoring: Equipment

- i. The facility is equipped with cameras, providing 24/7 video monitoring to protect residents against sexual abuse. Video footage is stored and maintained for a period of four weeks.
- ii. The physical layout of the facility is designed to maintain 24/7 video surveillance in common areas, including living units, classrooms, etc.
- iii. Viewing mirrors are placed throughout the facility to assist in preventing blind spots and looking around view obstructed corners.
 - a. Viewing mirrors are placed in the following areas:
 - 1) Secure hallway between Pier and Harbor Unit.
 - 2) Unit Day Rooms: Bay, Dock, Pier and Harbor.
 - 3) Intake
 - 4) Laundry Rm.
 - 5) Mechanical Rm.

4. Counseling Services

- i. Individual Counseling Sessions
 - a. Family Specialist assigned to each youth is responsible for providing regular and documented individual counseling sessions.
 - 1) Counseling sessions are documented within JCS Case Notes.
 - b. Family Specialist and/or Family Specialist Supervisor will coordinate services between internal and external service providers.

ii. Contracted Mental Health Services

- a. South Community Inc. for individual counseling and psychiatric services.
- b. Samaritan Behavioral Health CrisisCare for Crisis Counseling.

i. Victim Advocacy Services

- c. Samaritan Behavioral Health CrisisCare for Victim Advocacy Services.

5. Programming & Treatment

- i. Personal Program Plan: Initial
 - a. Upon admission each youth receives a Personal Program Plan within the first twenty-one (21) days of admission.
 - b. The Personal Program Plan will utilize information yielded from Assessments to Determine Treatment Goals, including but not limited to the following:

- 1) Family and Living Arrangements;
- 2) Peer and Social Support Network;
- 3) Education and Employment;
- 4) Pro-Social Skills;
- 5) Personality, Mental Health, and Medical Issues;
- 6) Substance Abuse; and,
- 7) Values, Beliefs, and Attitudes.

c. The Personal Program Plan will be developed by youth and designated staff members that may include, but are not limited to, the following.

- 1) Unit Supervisor;
- 2) Unit Counselors
- 3) Family Specialist Supervisor;
- 4) Family Specialist;
- 5) Treatment Specialist;
- 6) Team Leader
- 7) CAS Academy Team Member (when appropriate);
- 8) Juvenile's parent (s)/guardian (s) (when available);

ii. Personal Program Plan: Review(s)

a. Family Specialists reevaluate the needs of youth and parent(s)/guardian(s) through Thirty (30) Day Personal Program Plan Review(s). These provide for the continued identified risks, needs, responsibility factors, and strengths.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Protection from Harm
Policy: 3D-04-07
Page(s): 1 of 6
Standards: ACA 3-JCRF-3D-04 -07
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

XIX. Policy: Written policy, procedure, and practice ensure that sexual conduct between staff and juveniles, volunteers or contract personnel and juveniles, regardless of consensual status, is prohibited and subject to administrative and criminal sanctions.

XX. Definitions

L. General Definitions

- a. Resident, Youth, or Juvenile- Person(s) under the age of eighteen (18), unless under adult court supervision and confined or detained in a prison, jail, correction, or detention center.
- b. Staff and/or Employee- Person(s) who works for the Montgomery County Juvenile Court, MCJC.
- c. Contractor- Person(s) who provide services on a recurring basis pursuant to a contractual agreement with the facility.
- d. Volunteer- An individual, (i.e., citizen volunteer, student intern, etc.), who donates time and effort on a recurring basis to enhance the activities and programs of the agency.
- e. PREA- What You Should Know About Sexual Abuse & Assault: Upon admission the assessing or assigned Family Specialist reviews this document with resident. Resident sign(s) document in acknowledgement and document is maintained within resident's case file.
- f. Orientation Training Checklist - Checklist outlining training(s) for new employees, interns and volunteers.

M. Abuse Definitions:

- a. Prohibited Behavior: Correspondence of, engaging in, or attempting to engage in a sexual act with any resident or the intentional touching of a resident/staff's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.
 - v. Sexual acts or contacts between a resident and a staff member, even with no objections are raised, are always illegal.
 - vi. Sexual acts or contacts between residents, even when no objections are raised, are prohibited acts.
- b. Sexual Abuse/Assault – Includes
 - v. Sexual abuse/assault of an inmate, detainee, or resident by another inmate, detainee, or resident.
 - vi. Sexual abuse/assault of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

- c. Sexual Abuse/Assault by Another Inmate, Detainee, or Resident- Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - xi. Contact between the penis and the vulva, or the penis and the anus, including penetration however slight;
 - xii. Contact between the mouth and the penis, vulva, or anus;
 - xiii. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xiv. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - xv. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.
- d. Sexual Abuse/Assault by a Staff Member, Contractor, or Volunteer – Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - xvii. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - xviii. Contact between the mouth and the penis, vulva, or anus;
 - xix. Contact between the mouth and any other body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xx. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xxi. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xxii. Any attempt, threat, or request by a staff member, contractor or volunteer to engage in the activities described above in points (Ba) – (Be);
 - xxiii. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
 - xxiv. Voyeurism by a staff member, contractor, or volunteer.
 - xi. The invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties. This includes the following:
 - xii. Peering at a resident who is using the toilet in his or her cell to perform bodily functions;
 - xiii. Requiring a resident to expose his or her buttocks, genitals;
 - xiv. Taking images of parts of a resident's naked body; and
 - xv. Taking images of a resident performing bodily function.
- e. Sexual Harassment Includes the following:
 - v. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate detainee, or resident directed toward another; and

- vi. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

XXI. Procedure

- E. The facility has a zero tolerance stance on all forms of sexual abuse, sexual assault, and sexual harassment.
- F. Sexual conduct is prohibited, regardless of consensual status, and subject to Administrative and criminal sanctions between the following:
 - a. Juveniles;
 - b. Staff and juveniles; and,
 - c. Volunteers/contract personnel and juveniles
- G. The facility and staff adhere to the procedures outlined within the Prison Rape Elimination Act, PREA.
- H. The facility PREA Coordinator is a defined Administrator.

I. MCJC Employee Handbook : Code of Ethics

- 2. CAS adheres to the Montgomery County Juvenile Court policy and procedure regarding Code of Ethics, as stated in
Montgomery County Juvenile Court Employee Handbook
Chapter: Juvenile Court Employee Responsibilities
Subject: Code of Ethics
Section: 8.1

J. Employee Training

- 1. The facility will train staff in accordance with the following ACA Standards:
 - vii. Standard 1D-03- Orientation Training
 - viii. Standard: 1D-09- Administration Staff Training
 - ix. Standard: 1D-10- Juvenile Caseworker Staff Training
 - x. Standard: 1D-11- Support Staff Training
 - xi. Standard: 1D-12- Minimal Contact Staff
- 2. PREA is included within the annual training curriculum, which includes but not limited to Elevate, in-service trainings, and/or policy dissemination.
 - a. Training is documented via Elevate on-line training, training transcripts, and policy dissemination forms.
- 3. The facility will train all employees who may have contact with residents on:
 - a. Its zero-tolerance policy for sexual abuse and sexual harassment;
 - b. How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - c. Residents' rights to be free from sexual abuse and sexual harassment;
 - d. The right of residents and employees to be free from retaliation from reporting sexual abuse and sexual harassment;
 - e. The dynamics of sexual abuse and sexual harassment in confinement;
 - f. The common reactions of sexual abuse and sexual harassment victims;
 - g. 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;
 - h. How to avoid inappropriate relationships with residents;
 - i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;

- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
 - k. Relevant laws regarding the applicable age of consent;
4. Such training will be tailored to the gender of the residents at the employee's facility. The employee will receive additional training if the employee is reassigned from a facility that houses only male residents, or vice versa.
 5. The facility will document, through employee signature or electronic verification that employees understand the training they have received.

K. Volunteer and Contractor Training

1. The facility will ensure that all volunteer and contractors who have contact with residents have been trained on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
2. 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
3. Training is documented on the Orientation Training Checklist and Dissemination of Policy and Procedure form(s).

L. Resident Education

4. The assessing or assigned Family Specialist educate youth within twenty-four (24) hours of admission regarding the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents, and regarding facility policies and procedures for reporting to such incidents. Review and acknowledgement of this education is documented on the following form(s):
 - a. PREA- What You Should Know About Sexual Abuse & Assault
 - b. Resident and Parent/Guardian(s) participation in the receipt of this information is documented within Parent Resident Handbook- Receipt and Acceptance of Program Regulations and maintained within the resident's case record.
5. The facility will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

M. Discipline

1. Disciplinary Sanctions for Staff.

- a. The facility adheres to Montgomery County Juvenile Court's Policy and Procedure as stated in:
Montgomery County Juvenile Court Employee Handbook
Chapter: Personnel Administration
Subject: Employee Privacy and Personnel Files
Section: 5.6
- b. Staff will be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.
- c. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

- d. Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- e. All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

2. Sanctions for Contractors and Volunteers.

- a. Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, but will still be reported to relevant supervisors and/or licensing bodies.
- b. The facility will take appropriate remedial measures, and will consider whether to prohibit further contact with residents, in the case of any other violation of facility sexual abuse or sexual harassment policies by a contractor or volunteer.
- c. The facility will 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. The facility will maintain copies of agreements or documentation showing attempts to enter into such agreements.
 - I. New contracts or contract renewal will provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

3. Interventions and Disciplinary Sanctions for Residents.

- a. Residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
- b. Sanctions will be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies will not deny the resident daily large muscle exercise or access to any legally required educational programming or special education services. Residents in isolation will receive daily visits from medical or mental health care clinician. Resident will also have access to other programming opportunities.
- c. The disciplinary process 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.
- d. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility will consider whether to offer the offending resident to participate in such interventions. The facility may require participation in such interventions as a condition of access of any reward-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

- e. The facility may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- f. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- g. The facility prohibits all sexual activity between residents and will discipline residents for such activity. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

N. Criminal Sanctions:

- 1. All allegations of sexual abuse or sexual harassment deemed potentially criminal by Administration are referred to the appropriate agency, such as:
 - a. Montgomery County Job and Family Services- Children Services Division, (MCJFS- Children Services), 937- 224-5437.
 - b. Montgomery County Sheriff's Department, 937- 225- 4357.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Protection from Harm
Policy: 3D-04-08
Page(s): 1 of 5
Standards: ACA 3-JCRF-3D-04 -08
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

- XXII. Policy:** Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering evidence. If these procedures are performed in house, the following guidelines are used:
- O. Health care professionals take a history and conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination includes collection of evidence from the victim, using a kit approved by the appropriate authority.
 - P. Provision is made for testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis and other diseases) and counseling as appropriate.
 - Q. Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.
 - R. Following the physical examination, there is availability of an evaluation by mental health professional to assess the need for crisis intervention counseling and long-term follow-up.
 - S. A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.

XXIII. Definitions

A. General Definitions

1. Resident, Youth, or Juvenile- Person(s) under the age of eighteen (18), unless under adult court supervision and confined or detained in a prison, jail, correction, or detention center.

B. Position Definitions

1. Staff and/or Employee- Person(s) who works for the Montgomery County Juvenile Court, MCJC.
2. Security Staff- Employees primarily responsible for the supervision and control of residents in housing units, recreational areas, dining areas, and other program areas of the facility
3. Contractor- Person(s) who provide services on a recurring basis pursuant to a contractual agreement with the facility.
4. Medical Practitioner- A health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
5. Mental Health Practitioner- A mental health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
6. Volunteer- An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

C. Documentation Definitions:

1. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization: Within 24-hrs of admission the assessing or assigned Family Specialist conducts screening with resident. The assessing or assigned Family Specialist signs/dates screening at conclusion. Screening is maintained within resident's case file.

2. PREA- What You Should Know About Sexual Abuse & Assault: Upon admission the assessing or assigned Family Specialist reviews this document with resident. Resident sign(s) document in acknowledgement and document is maintained within resident's case file.
3. PREA Investigation and Decision Form: Document broken into two (2) steps. Steps One (1) details the following: resident name and unit; the date the Grievance Form and Special Incident Reports received and initial response begun; and investigation decision. Step Two (2) details the appeal. Document is completed by the PREA Coordinator.
4. Internal Investigation Checklist- Document used by assigned administrator or designee, used to investigate an incident and/or allegation. This document details the following: the type of complaint; victim name; subject name; investigators; allegation; source of allegation; date and time of incident; indication of witnesses and witness statements; investigation information; internal investigation facts and findings; and criminal investigations.
5. Special Incident Report: Document detailing critical incident(s).

D. Allegation Definitions

1. Substantiated Allegation – An allegation that was investigated and determined to have occurred.
2. Unfounded Allegation – An allegation that was investigated and determined *not* to have occurred.
3. Unsubstantiated Allegation – An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

E. Abuse Definitions:

1. Prohibited Behavior: Correspondence of, engaging in, or attempting to engage in a sexual act with any resident or the intentional touching of a resident/staff's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.
 - i. Sexual acts or contacts between a resident and a staff member, even with no objections are raised, are always illegal.
 - ii. Sexual acts or contacts between residents, even when no objections are raised, are prohibited acts.
2. Sexual Abuse/Assault – Includes
 - i. Sexual abuse/assault of an inmate, detainee, or resident by another inmate, detainee, or resident.
 - ii. Sexual abuse/assault of an inmate, detainee, or resident by a staff member, contractor, or volunteer.
3. Sexual Abuse/Assault by Another Inmate, Detainee, or Resident- Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - i. Contact between the penis and the vulva, or the penis and the anus, including penetration however slight;
 - ii. Contact between the mouth and the penis, vulva, or anus;
 - iii. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - iv. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - v. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.
4. Sexual Abuse/Assault by a Staff Member, Contractor, or Volunteer – Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - i. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - ii. Contact between the mouth and the penis, vulva, or anus;
 - iii. Contact between the mouth and any other body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

- iv. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- v. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- vi. Any attempt, threat, or request by a staff member, contractor or volunteer to engage in the activities described above in points (Ba) – (Be);
- vii. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
- viii. Voyeurism by a staff member, contractor, or volunteer.
 - xvi. The invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties. This includes the following:
 - xvii. Peering at a resident who is using the toilet in his or her cell to perform bodily functions;
 - xviii. Requiring a resident to expose his or her buttocks, genitals;
 - xix. Taking images of parts of an resident’s naked body; and
 - xx. Taking images of a resident performing bodily function.

5. Sexual Harassment Includes the following:

- i. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate detainee, or resident directed toward another; and
- ii. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

F. Defined Interpretation

- 1. Qualified Medical Practitioner- Refers to such a professional who has successfully completed specialized training for treating sexual abuse victims. (See definitions for further information on Medical Practitioner).
- 2. Qualified Mental Health Practitioner- Refers to such a professional who has successfully completed specialized training for treating sexual abuse victims. (See definitions for further information on Mental Health Practitioner).
- 3. Qualified Staff Member and/or Qualified Community Based Staff Member: An individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

XXIV. Public Law:

- A. The Prison Rape Elimination Act of September 4, 2003, requires all confinement institutions, both public and private to create safer environments for inmates and staff to reduce institutional violence. Public law reference, 108-79 Prison Rape Elimination Act.

XXV. Procedure:

- A. The facility has a zero tolerance stance on all forms of sexual abuse, sexual assault, and sexual harassment.
- B. Sexual conduct is prohibited, regardless of consensual status, and subject to Administrative and criminal sanctions between the following:
 - 1. Juveniles;

2. Staff and juveniles; and,
 3. Volunteers/contract personnel and juveniles
- C. The facility and staff adhere to the procedures outlined within the Prison Rape Elimination Act, PREA.
- D. The facility PREA Coordinator is a defined Administrator.

E. Medical and Mental Health Care

1. The facility will ensure that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:
 - i. How to detect and assess signs of sexual abuse and sexual harassment;
 - ii. How to preserve physical evidence of sexual abuse;
 - iii. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and,
 - iv. How to report and whom to report allegations of suspicions of sexual abuse and sexual harassment.
2. The facility will maintain documentation that medical and mental health practitioners have received training.
3. Medical and mental health care practitioners will also receive the training mandated for employees, contractors, and volunteers depending upon the practitioner's status at the facility.
4. Facility medical staff does not conduct forensic examinations.

F. Referrals: Community Facilities for Treatment and Gathering of Evidence

1. To the extent the facility is responsible for investigating allegations of sexual abuse, the facility will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
2. To the extent the facility is not directly responsible for investigating allegations of sexual abuse, the facility will request that the investigating agency follow the requirements outlined within the PREA Standard. These requirements will apply to:
 - i. Any state entity outside of the facility that is responsible for investigating allegations for sexual abuse in community confinement facilities ; and,
 - ii. Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities.

G. Evidence Protocol and Forensic Medical Examinations

1. Secure the Scene.
 - i. After incident the preservation of evidence will be maintained by sealing off the area with crime scene tape. Do not remove any items until law enforcement notification and investigation is concluded.
2. Health Care: History, Examination, Testing for Sexually Transmitted Diseases, and Prophylactic Treatment:
 - i. The facility will offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations will be performed by Sexual Abuse Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility will document its efforts to provide SAFEs or SANEs.

- ii. The protocol will be developmentally appropriate for youth where applicable, and, as appropriate, will be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publications, ‘A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,’ or similarly comprehensive and authoritative protocols developed after 2011.
- iii. The facility will offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse.
- iv. The facility will provide such victims with medical and mental health services consistent with the community level of care.
- v. Resident victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests.
 - 1. If pregnancy results from such conduct, the victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- vi. Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.
 - 1. Testing for sexually transmitted infections will be facilitated by contracted emergency medical providers, (i.e., Children’s Hospital, Miami Valley Hospital).
- vii. Treatment services will be 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.
- viii. The facility will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.
 - 1. Mental Health Services will be facilitated by Court contracted mental health providers, (i.e, CrisisCare, etc.).

3. Mental Health: Evaluation, Counseling and Follow-Up Treatment

- i. Contracted mental health services are provided through:
 - 1. South Community Inc. for individual counseling and psychiatric services.
 - 2. Samaritan Behavioral Health CrisisCare for crisis counseling services.
- ii. Victim advocacy services are provided through:
 - 1. Samaritan Behavioral Health CrisisCare for Victim Advocacy Services.
- iii. The evaluation and treatment of such victims will 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.
 - 1. Referrals for continued care are facilitated by Montgomery County Juvenile Court Probation Services.

4. Reports and Documentation

- i. Any documentation provided from outside agencies will be used in determining the placement of youth and separating the victim from his or her assailant.
- ii. This documentation is provided to the Director.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Protection from Harm
Policy: 3D-04-09
Page(s): 1 of 3
Standards: ACA 3-JCRF-3D-04 -09
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

XXVI. **Policy:** Written policy, procedure, and practice provide that juveniles who are victims of sexual abuse have the option to report the incident to a designated staff member other than an immediate point-of-contact line staff member.

XXVII. **Definitions:**

- f. Resident, Youth, or Juvenile- Person(s) under the age of eighteen (18), unless under adult court supervision and confined or detained in a prison, jail, correction, or detention center.
- g. Staff and/or Employee- Person(s) who works for the Montgomery County Juvenile Court, MCJC.
- h. Medical Practitioner- A health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
- i. Mental Health Practitioner- A mental health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
- j. Special Incident Report: Document detailing critical incident(s).
- k. Prohibited Behavior: Correspondence of, engaging in, or attempting to engage in a sexual act with any resident or the intentional touching of a resident/staff's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.
 - xii. Sexual acts or contacts between a resident and a staff member, even with no objections are raised, are always illegal.
 - xiii. Sexual acts or contacts between residents, even when no objections are raised, are prohibited acts.
- l. Sexual Abuse/Assault – Includes
 - vii. Sexual abuse/assault of an inmate, detainee, or resident by another inmate, detainee, or resident.
 - viii. Sexual abuse/assault of an inmate, detainee, or resident by a staff member, contractor, volunteer, or intern.
- m. Sexual Abuse/Assault by Another Inmate, Detainee, or Resident- Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - xvi. Contact between the penis and the vulva, or the penis and the anus, including penetration however slight;
 - xvii. Contact between the mouth and the penis, vulva, or anus;

- xviii. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xix. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - xx. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.
- n. Sexual Abuse/Assault by a Staff Member, Contractor, Volunteer or Intern – Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - xxv. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - xxvi. Contact between the mouth and the penis, vulva, or anus;
 - xxvii. Contact between the mouth and any other body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xxviii. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xxix. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, volunteer, or intern has the intent to abuse, arouse, or gratify sexual desire;
 - xxx. Any attempt, threat, or request by a staff member, contractor volunteer, or intern to engage in the activities described above in points (Ba) – (Be);
 - xxxi. Any display by a staff member, contractor, volunteer, or intern of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
 - xxxii. Voyeurism by a staff member, contractor, volunteer, or intern.
 - xxi. The invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties. This includes the following:
 - xxii. Peering at a resident who is using the toilet in his or her cell to perform bodily functions;
 - xxiii. Requiring a resident to expose his or her buttocks, genitals;
 - xxiv. Taking images of parts of an resident’s naked body; and
 - xxv. Taking images of a resident performing bodily function.
- o. Sexual Harassment Includes the following:
 - vii. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate detainee, or resident directed toward another; and
 - viii. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

- a. The facility has a zero tolerance stance on all forms of sexual abuse, sexual assault and sexual harassment.
- b. Sexual conduct is prohibited, regardless of consensual status, and subject to Administrative and criminal sanctions between the following:
 - i. Juveniles;
 - ii. Staff and juveniles; and,
 - iii. Volunteers/contract personnel and juveniles
- c. The facility and staff adhere to the procedures outlined within the Prison Rape Elimination Act, PREA.
- d. The facility PREA Coordinator is a defined Administrator.
- e. Resident Reporting**
 - i. Residents have the options of reporting incidents of sexual abuse, sexual harassment and sexual assault to any staff member other than an immediate point-of-contact line staff member.
 - ii. The facility will provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
 - 1. Living Units and the Medical Office are equipped with secure Grievance Boxes.
 - 2. Residents have unimpeded access to Grievance Forms and upon completion are required to place them within the Grievance Box.
 - 3. Grievance Forms transmitted without alteration, interference, or delay to the PREA Coordinator for its receipt and investigation.
 - iii. Staff will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports on a Special Incident Report.
 - iv. The facility will provide residents with access to writing tools necessary to make a written report.
 - v. The facility will provide a method for staff to privately report sexual abuse and sexual harassment of residents.
- f. Public Distribution of Information: How to report sexual abuse and sexual harassment**
 - i. Public posting of community service agencies, victim advocacy, and rape crisis center(s), including but not limited to the following:
 - 1. Montgomery County Job and Family Services- Children Services Division, (MCJFS- Children Services), 937- 224-5437.
 - 2. Montgomery County Sheriff's Department, 937- 225- 4357.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Protection from Harm
Policy: 3D-04-10
Page(s): 1 of 4
Standards: ACA 3-JCRF-3D-04 -10
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

I. **Policy:** Written policy, procedure, and practice provide that all case records associated with claims of sexual abuse and/or assault, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule.

II. Definitions:

N. General Definitions

- a. Resident, Youth, or Juvenile- Person under the age of eighteen (18), unless under adult court supervision and confined or detained in a prison, jail, correction, or detention center.
- b. Staff and/or Employee- Person who works for the Montgomery County Juvenile Court, MCJC.
- c. Medical Practitioner- A health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
- d. Mental Health Practitioner- A mental health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
- e. PREA Investigation and Decision Form: Document broken into two (2) steps. Steps One (1) details the following: resident name and unit; the date the Grievance Form was received and initial response begun; and investigation decision. Step Two (2) details the appeal. Document is completed by the PREA Coordinator.
- f. Internal Investigation Checklist- Document used by assigned administrator or designee, used to investigate an incident and/or allegation. This document details the following: the type of complaint; victim name; subject name; investigators; allegation; source of allegation; date and time of incident; indication of witnesses and witness statements; investigation information; internal investigation facts and findings; and criminal investigations.
- g. Special Incident Report: Document detailing critical incident(s).

O. Abuse Definitions:

- a. Prohibited Behavior: Correspondence of, engaging in, or attempting to engage in a sexual act with any resident or the intentional touching of a resident/staff's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.
 - i. Sexual acts or contacts between a resident and a staff member, even with no objections are raised, are always illegal.
 - ii. Sexual acts or contacts between residents, even when no objections are raised, are prohibited acts.
- b. Sexual Abuse – Includes
 - i. Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident.
 - ii. Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

- c. Sexual Abuse by Another Inmate, Detainee, or Resident- Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - i. Contact between the penis and the vulva, or the penis and the anus, including penetration however slight;
 - ii. Contact between the mouth and the penis, vulva, or anus;
 - iii. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - iv. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - v. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.

- d. Sexual Abuse by a Staff Member, Contractor, or Volunteer – Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - i. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - ii. Contact between the mouth and the penis, vulva, or anus;
 - iii. Contact between the mouth and any other body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - iv. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - v. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - vi. Any attempt, threat, or request by a staff member, contractor or volunteer to engage in the activities described;
 - vii. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
 - viii. Voyeurism by a staff member, contractor, or volunteer.
 - xxxiii. Voyeurism by a staff member, contractor, volunteer, or intern.
 - xxvi. The invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties. This includes the following:
 - xxvii. Peering at a resident who is using the toilet in his or her cell to perform bodily functions;
 - xxviii. Requiring a resident to expose his or her buttocks, genitals;
 - xxix. Taking images of parts of an resident's naked body; and
 - xxx. Taking images of a resident performing bodily function.

- e. Sexual Harassment Includes the following:
 - i. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate detainee, or resident directed toward another; and
 - ii. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

XXIX. Procedure:

- T. The facility has a zero tolerance stance on all forms of sexual abuse, sexual assault, and sexual harassment.
- U. Sexual conduct is prohibited, regardless of consensual status, and subject to Administrative and criminal sanctions between the following:
 - a. Juveniles;
 - b. Staff and juveniles; and,
 - c. Volunteers/contract personnel and juveniles
- V. The facility and staff adhere to the procedures outlined within the Prison Rape Elimination Act, PREA.
- W. The facility PREA Coordinator is a defined Administrator.

X. Records

- a. All records associated with claims of sexual abuse, sexual assault, and sexual harassment are retained in accordance with an established schedule, as reflected within the Ohio Historical Society, State Archives of Ohio, Local Government Records Program.
 - i. Case Records: Retain until the juvenile has aged twenty-one (21) years;
 - ii. Prison Rape Elimination Act, Aggregate Data: Ten (10) years;
 - iii. School Records: Retain until the juvenile has aged twenty-one (21) years.
- b. These records include but are not limited to the following:
 - i. Incident Reports;
 - ii. Investigative Reports;
 - iii. Juvenile Information
 - iv. Case Disposition;
 - v. Medical and Counseling Evaluation Findings; and
 - vi. Recommendations for Post-Release Treatment and/or Counseling

Y. Documentation Collection

- a. The facility will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument, (i.e, Internal Investigation Checklist) and set of definitions.
- b. The facility will aggregate the incident-based sexual abuse data at least annually.
- c. The incident-based data collected will 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.
- d. The facility will maintain, review, and collect data as needed from all available incident-based documents including
 - i. PREA Reception Screening for Assaultive Behavior, Sexually Aggressive, and Risk for Sexual Victimization;
 - ii. Medical Intake Screening;
 - iii. Grievance Form;
 - iv. Special Incident Reports, SIR;
 - v. Internal Investigation Checklists;
 - vi. Testimonial and/or Witness Statements Reports and, if applicable, Addendums;
 - vii. PREA Investigation and Decision Form; and,
 - viii. PREA Tracking Log
 - ix. Video Surveillance Footage and/or Image(s);
 - x. JCS Case Notes
 - xi. Shift Report(s)
 - xii. Personal Program Plan and/or Personal Program Plan Reviews, as related to incident.
 - xiii. Medical Case Record Documents

- xiv. Leave Passes
- xv. Visitation Records, Phone Call-Logs, and Mail Logs as Related to Incident and Subsequent Services; and,
- xvi. Administrative Meeting Minutes: Documenting Thirty (30) Day Review of Incident.

Z. Documentation Storage, Retention, and Destruction.

- a. The facility will ensure that data collected is securely retained.
- b. The facility will make all aggregated sexual abuse data, readily available to the public at least annually through its website or, if it does not have one, through other means.
- c. The facility will maintain aggregated data on sexual abuse data for ten (10) years, in accordance with ACA Juvenile Record Standards, after the date of the initial collection unless Federal, State, or local law requires otherwise.
- d. All aggregated data collected will be maintained electronically within the confidential and secure Court Server(s).
- e. All physical documentation will be maintained within the facility's Administrative Offices, within a confidential and designated secure cabinet.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Reporting of Child Abuse and Neglect
Policy: 3D-05
Page(s): 1 of 4
Standards: ACA 3-JCRF-3D-05
Issue Date: 3/1/2001
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

I. Policy: It is the written policy, procedure, and practice provide for the reporting of all instances of child abuse and/or neglect consistent with appropriate state laws or local laws.

XXX. Definitions

G. General Definitions

- a. Prison Rape Elimination Act, PREA: Public law 108-79, to provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and provide information, resources, recommendations, and funding to protect individuals from prison rape.
- b. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization: Upon admission the assessing or assigned Family Specialist conducts screening with resident. The assessing or assigned Family Specialist signs/dates screening at conclusion. Screening is maintained within resident's case file.
- c. PREA- What You Should Know About Sexual Abuse & Assault: Upon admission the assessing or assigned Family Specialist reviews this document with resident. Resident sign(s) document in acknowledgement and document is maintained within resident's case file.
- d. Staff and/or Employee- Person(s) who works for the Montgomery County Juvenile Court, MCJC.
- e. Contractor- Person(s) who provide services on a recurring basis pursuant to a contractual agreement with the facility.
- f. Medical Practitioner- A health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
- g. Mental Health Practitioner- A mental health professional that, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.
- h. Volunteer- An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

H. Abuse Definitions:

- a. Physical Abuse: Physical abuse includes cruel and prolonged corporal punishment and or discipline that is repeated and unwarranted and can lead to serious impairment and/or retardation in the child's mental health and development. Physical injuries might include bruises, welts, contusion, burns, and fractures.

- b. Neglect: Neglect shall be defined and reported when a child is abandoned, lacks proper parental care, and is not provided basic life subsistence (i.e., food, clothing, shelter, hygiene, medical care). Determination shall be made through facts and evidence collected by investigative authorities.
- c. Prohibited Behavior: Correspondence of, engaging in, or attempting to engage in a sexual act with any resident or the intentional touching of a resident/staff's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.
 - xiv. Sexual acts or contacts between a resident and a staff member, even with no objections are raised, are always illegal.
 - xv. Sexual acts or contacts between residents, even when no objections are raised, are prohibited acts.
- f. Sexual Abuse – Includes
 - ix. Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident.
 - x. Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.
- g. Sexual Abuse by Another Inmate, Detainee, or Resident- Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - xxi. Contact between the penis and the vulva, or the penis and the anus, including penetration however slight;
 - xxii. Contact between the mouth and the penis, vulva, or anus;
 - xxiii. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xxiv. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - xxv. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.
- h. Sexual Abuse by a Staff Member, Contractor, or Volunteer – Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - xxxiv. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - xxxv. Contact between the mouth and the penis, vulva, or anus;
 - xxxvi. Contact between the mouth and any other body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xxxvii. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - xxxviii. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is

- unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- xxxix. Any attempt, threat, or request by a staff member, contractor or volunteer to engage in the activities described above in points (Ba) – (Be);
 - xl. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
 - xli. Voyeurism by a staff member, contractor, or volunteer.
- i. Sexual Harassment Includes the following:
 - ix. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate detainee, or resident directed toward another; and
 - x. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- j. Voyeurism by a Staff Member, Contractor, or Volunteer- The invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties. This includes the following:
 - xxxix. Peering at a resident who is using the toilet in his or her cell to perform bodily functions;
 - xxxii. Requiring a resident to expose his or her buttocks, genitals;
 - xxxiii. Taking images of parts of an resident's naked body; and
 - xxxiv. Taking images of a resident performing bodily function.

II. Procedure

G. Ohio Revised Code: Section 2151.421

1. All staff, by law, are required to immediately report all instances of child abuse and/or neglect consistent in Section 2151.421 of the Ohio Revised Code and corresponding applicable rules for the Ohio Administrative Code.
 - i. All staff, under the direct supervision of the Director, will be responsible for procedural compliance with this policy.

H. Staff Training and Awareness

1. During a staff member's orientation, he/she is trained in the identification, prevention, and reporting of Reporting of Child Abuse and Neglect and PREA. Trainings are documented within the Orientation Training Checklist.
2. All staff are enrolled within a web-based annual training curriculum which includes but is not limited to trainings in the Discrimination & Sexual Harassment and PREA.
3. All staff members are responsible for being alert and aware to signs of potential situations in which sexual abuse/assaults might occur.

I. Youth Education and Awareness

1. Upon admission, resident(s) are introduced to PREA, and the prevention of sexual assault, by the assessing or assigned Family Specialist via the following documents:
 - i. PREA- Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization
 - ii. PREA- What You Should Know About Sexual Abuse & Assault

2. All residents are responsible for being alert and aware to signs of potential situations in which sexual abuse/assaults might occur.

J. Montgomery County Court Policy

1. CAS adheres to the Montgomery County Juvenile Court policy and procedure regarding Code of Ethics, as stated in **Montgomery County Juvenile Court Employee Handbook**

Chapter: Juvenile Court Employee Responsibilities

Subject: Code of Ethics

Section: 8.1

K. Reporting & Intervention

1. Staff are required to immediately report all instances of child abuse and/or neglect, or allegations of abuse and/or neglect, on a Special Incident Form. The completed Special Incident Form is immediately forwarded to the Director or designee.
2. The Director or designee and reporting staff member jointly and immediately report the information to Montgomery County Jobs and Family Services: Children Services Division as prescribed by Ohio Revised Code 2151.421. The Director or designee will immediately report the information to the Montgomery County Juvenile Court.
3. Reporting of abuse and/or neglect is not only specific to the residents in our charge, but also applies to any known, suspected or reported abuse and/or neglect.
4. Emergency intervention shall occur immediately, when there is reason to believe that an immediate threat to a child's safety or well-being and/or a need exists for immediate evidence gathering and preservation.
5. Family Specialist and/or Family Specialist Supervisor will coordinate services between internal and external service providers.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Personal Property
Policy: 3D-06
Page(s): 1 of 4
Standards: ACA 3-JCRF-3D-06
Issue Date: 3/1/2001
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

I. Policy: Written policy, procedure, and practice specify the personal property residents can retain in their possession and govern the control and safeguarding of such property. Personal property retained in the facility is itemized in a written list that is kept in a permanent file; the juvenile receives a copy listing the property retained for storage.

II. Definitions

- A. Resident Admission Clothing Inventory & Receipt: Document detailing clothing item(s) of residents.
- B. Resident Admission Personal Property Inventory & Receipt: Document detailing personal property of residents.
- C. Program Item Inventory and Receipt: Document detailing all required program item(s).
- D. Property Release Process: Document detailing the release of property process.

III. Procedure

- A. Property Release Orientation
 - 1. The Family Specialist and/or Family Specialist Supervisor review and discuss the Property Release Process form.
 - 2. The Family Specialist and/or Family Specialist Supervisor, youth, and parent(s)/guardian(s) sign the Property Release Process form in acknowledgment.
 - 3. The Family Specialist and/or Family Specialist Supervisor provide the original, signed Property Release Process form to Administration.
 - 4. The original, signed Property Release Process form is maintained within the youth's permanent case file.
- B. If admitting youth has both personal property items and clothing items the Personal Property Inventory & Receipt Form will be placed on both secured inventories.
 - 1. Personal Property: A copy of the Resident Admission Personal Property Inventory & Receipt will be attached to the Personal Property Envelope.
 - 2. Clothing Items: A copy of the Resident Admission Clothing Inventory & Receipt will be attached to the Plastic Storage Bin.
 - 3. Resident Case File: The original Resident Admission Personal Property Inventory & Receipt and Resident Admission Clothing Inventory & Receipt is provided to Administration to file within the resident's permanent case file.

C. Admission Property

1. Personal Property Inventory and Storage

- a. If personal property (jewelry, money, watch, etc.) is present staff and youth inventory all personal property.
- b. Staff completes the Resident Admission Personal Property Inventory & Receipt.
- c. Youth and staff sign and date the Resident Admission Personal Property Inventory & Receipt acknowledging that all inventoried items are appropriately documented.
- d. Youth receives a copy of the Resident Admission Personal Property Inventory & Receipt.
- e. Staff places all contents within a 9" x 12" envelope, secures the envelope and attaches a copy Resident Admission Personal Property Inventory & Receipt.
- f. All personal property & the inventory are secured on intake in assigned locker.

2. Clothing Item(s) Inventory and Storage

- a. Staff and youth inventory all clothing item(s).
- b. Staff member completes the Resident Admission Clothing Inventory & Receipt.
- c. Youth and staff sign and date the Resident Admission Clothing Inventory & Receipt acknowledging that all inventoried clothing item(s) are appropriately documented.
- d. Youth receives a copy of the Resident Admission Clothing Inventory & Receipt.
- e. Staff places all clothing items within an assigned locker and attaches the original Resident Admission Clothing Inventory & Receipt.

D. Program Items

1. Admission

- a. All program clothing, personal hygiene/care, and if applicable, medication(s) must be received at least twenty-four (24) hours prior to youth's admission.
- b. On-Duty Youth Specialist Supervisor facilitate the receipt of program clothing, personal hygiene/care, and if applicable, medication(s).
- c. On-Duty Youth Specialist Supervisor complete the Program Item Inventory and Receipt.
- d. On-Duty Youth Specialist Supervisor and youth sign and date the Program Item Inventory and Receipt acknowledging that all inventoried items are appropriately documented.
- e. The original Program Item Inventory and Receipt is provided to Administration to file within the resident's permanent case file.
- f. On-Duty Youth Specialist Supervisor immediately forward any provided medication(s) to the medical department.
- g. Using a permanent marker the Family Specialist(s) and/or Family Specialist Supervisor label all program clothing and personal hygiene/care item(s) with the youth's initials.

2. Male Program Clothing

- a.2 Underwear
- b. 2 White T-shirts, (To be worn as undergarments)
- c.2 Pair of white ankle socks (no markings)
- d. 1 Thermal shirt, (November 1 through March 31)
- e.1 Pair of issued non-laced shoes
- f. 1 Pair of pajamas, (Pajama shirt and pajama pant)
- g. 1 Phase Color T-Shirts
- h. 2 Pair Khaki Pants

- i. 1 Pillow
- j. 1Pillowcase
- k. 2 Sheets
- l. 2 Blankets, (April 1 through October 31)
- m. 1 Face Cloth
- n. 1 Towel
- o. 1 Activity Shirt
- p. 1 Activity Shorts
- q. 1 Sweatshirt

3. Female Program Clothing

- a.2 White panties
- b.2 White T-shirts, (To be worn as undergarments)
- c.2 White sports bras
- d.2 Pair of white ankle socks (no markings)
- e.1 Thermal shirt, (November 1 through March 31)
- f. 1 Pair of issued non-laced shoes
- g.1 Pair of pajamas, (Pajama shirt and pajama pant)
- h.1 Phase Color T-Shirts
- i. 2 Pair Khaki Pants
- j. 1 Pillow
- k.1 Pillowcase
- l. 2 Sheets
- m.2 Blankets, (April 1 through October 31)
- n.1 Face Cloth
- o.1 Towel
- p.1 Activity Shirt
- q.1 Activity Shorts
- r. 1 Sweatshirt

4. Personal Hygiene/Care Inventory

- a. Bar soap and soap container (No body wash)
- b. Toothbrush and container
- c. Toothpaste
- d. Shampoo and Conditioner
- e. Solid Deodorant (no aerosols)
- f. Non-perfumed lotion
- g. Sanitary Napkins – female
- h. Shower Cap – female
- i. Hair bands (no metal on bands)

5. Storage

- a. Program Clothing Storage: A storage shelf is located in each youth's room.
- b. Hygiene/Care Items: Hygiene boxes are labeled and provided to each youth and are stored within their assigned locker on their living unit.

E. Release of Property Item(s)

1. Admission Clothing Item(s)

- a. The Family Specialist and/or Family Specialist Supervisor will facilitate the release of admission clothing items to parent(s)/guardian(s) within fourteen (14) days of admission.
 - i. Family Specialist and/or Family Specialist Supervisor obtain the plastic storage bin containing the resident's admission clothing from Intake.
 - ii. Family Specialist and/or Family Specialist Supervisor will obtain the original Resident Admission Clothing Inventory & Receipt from the resident's case file.
 - iii. Family Specialist and/or Family Specialist Supervisor and parent(s)/guardian(s) sign and date the Resident Admission Clothing Inventory & Receipt acknowledging that all inventoried items are returned.
 - iv. Family Specialist and/or Family Specialist Supervisor returns the original, signed Resident Admission Clothing Inventory & Receipt to Administration to file within the resident's case file.

2. Personal Property

- a. Upon resident's successful release from the treatment program all personal property, program clothing, and/or hygiene/care item(s) are provided to the youth at the time of release.
 - i. Family Specialist and/or Family Specialist Supervisor obtain the original Resident Admission Personal Property Inventory & Receipt from the resident's permanent case file.
 - ii. Family Specialist and/or Family Specialist Supervisor and youth sign and date the Resident Admission Personal Property Inventory & Receipt acknowledging that all inventoried items are returned to the youth.
 - iii. Family Specialist and/or Family Specialist Supervisor returns the original, signed Resident Admission Personal Property Inventory & Receipt to Administration to file within the resident's permanent case file.
- b. The Family Specialist and/or Family Specialist Supervisor facilitate the release of personal property, program clothing, and/or hygiene/care item(s) to parent(s)/guardian(s) within fourteen (14) days of resident's unsuccessful release from the treatment program.
 - i. Family Specialist and/or Family Specialist Supervisor obtain the original Resident Admission Personal Property Inventory & Receipt from the resident's case file.
 - ii. Family Specialist and/or Family Specialist Supervisor and parent(s)/guardian(s) sign and date the Resident Admission Personal Property Inventory & Receipt acknowledging that all inventoried items are returned.
 - iii. Family Specialist and/or Family Specialist Supervisor return the original, signed Resident Admission Personal Property Inventory & Receipt to Administration to file within the resident's case file.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Juvenile Rights
Subject: Grievance Procedure
Policy: 3D-07
Page(s): 1 of 2
Standards: ACA 3-JCRF-3D-07
Issue Date: 3/1/2001
Reviewed: September 2020, April 2021, August 2022
Authorized by: William Shaffer, Director

I. Policy: Written policy, procedure, and practice provide a grievance and appeal process. The grievance is transmitted without alteration, interference, or delay to the party responsible for its receipt and investigation. A written report as to the final decision of the grievance should be prepared and filed.

II. Definition

- A. Grievance: A wrong or hardship suffered which is the grounds of a complaint.
- B. Merit: The presence of sufficient facts to support the grievance.
- C. Grievance Process Form: Document detailing the resident's grievance concern(s), description what occurred, indication of resolved or not resolved and resulting hearing findings.
- D. Electronic Grievance Log: Document detailing the resident's name, date on grievance, date grievance was retrieved from the grievance box, hearing officer's name, date of grievance hearing, date of appeal hearing (if applicable), and Administrator's name.
- E. Hearing Notification Form: Document used to notify youth of time and place of scheduled hearing.
- F. Hearing Officer Request Form: An informal process for residents to express a complaint or suggestion.

III. Procedure

- A. Resident's have the right to express themselves regarding problems they are having with the program without being subject to any adverse action(s).
 - 1. Grievance Procedure
 - a. Grievance(s) are transmitted without alteration, interference, or delay to the party responsible for its receipt and investigation.
 - b. Grievance forms are available on all units and resident have unimpeded access to them.
 - c. Upon completion of the grievance form, the resident is required to place the form in the secure grievance box located on each unit or to the On-Duty Supervisor.
 - i. Grievance forms are retrieved from grievance box(es) twice daily.
 - ii. All grievances are logged on an electronic system.
 - d. Once the grievance form has been retrieved, the following shall occur:

- i. The Program Manager notifies resident of the date of hearing using the Hearing Notification Form.
 1. Youth is provided with copy of completed form.
- ii. All grievance hearing(s) must be conducted within ten (10) days upon receipt, excluding weekends and holidays.
- iii. Grievance hearings not conducted within ten (10) days for exceptional circumstances, unavoidable delays, and/or reasonable postponements must be documented in memo form.
- iv. The Program Manager meets with the resident and all involved parties to assess the nature of the grievance and to resolve grievance, if possible.

v. Resolved Grievance(s)

1. If the grievance is resolved in a manner that is satisfactory to the resident, the resident will sign the form indicating that the problem has been resolved and the Program Manager will document his or her final decision and the manner in which the grievance was resolved.
2. The completed grievance is returned to be filed with the Program Manager or designee.

vi. Unresolved Grievances

1. The Program Manager signs, dates, and indicates that the grievance is unresolved.
2. The resident signs and dates the form indicating that he/she is appealing the Program Manager's decision.
3. The Program Manager forwards the appeal to the Director or designee.
4. The Director or designee reviews the grievance, Program Manager's decision, and meets with resident and all involved parties to assess the nature of the grievance and to resolve grievance.
5. The Director or designee decision is final.
6. The Director or designee completes the grievance form documenting the final decision.
7. The completed grievance is filed and maintained in the electronic grievance log.

vii. Hearing Officer Request Form

1. Request forms are collected from the grievance boxes twice daily.
2. The Hearing Officer will meet with the resident within a reasonable timeframe to address the issue.

- e. Any grievance involving serious allegations that include staff misconduct or compromises the safety and security of the youth will be referred to administration for investigation.