

PREA Facility Audit Report: Final

Name of Facility: Montgomery County Center for Adolescent Services

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/18/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Shirley Turner	Date of Signature: 07/18/2024

AUDITOR INFORMATION	
Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	06/12/2024
End Date of On-Site Audit:	06/12/2024

FACILITY INFORMATION	
Facility name:	Montgomery County Center for Adolescent Services
Facility physical address:	333 Access Road, New Lebanon, Ohio - 45345
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Superintendent/Director/Administrator	
Name:	Bill Shaffer
Email Address:	wshaffer@mcjcoho.org
Telephone Number:	9376877168

Facility PREA Compliance Manager	
Name:	Leonard Johnson
Email Address:	ljohnson@mcjcoho.org
Telephone Number:	O: (937) 687-1806

Facility Characteristics	
Designed facility capacity:	50
Current population of facility:	34
Average daily population for the past 12 months:	28
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	14-20
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with	72

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
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Name of agency:	Montgomery County Juvenile Court
Governing authority or parent agency (if applicable):	
Physical Address:	380 West 2nd Street, Dayton, Ohio - 45402
Mailing Address:	333 Access Rd., New Lebanon, Ohio - 45345
Telephone number:	9376871708

Agency Chief Executive Officer Information:	
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Name:	Bill Shaffer
Email Address:	wshaffer@mcjcoho.org
Telephone Number:	9376877168

Agency-Wide PREA Coordinator Information			
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Name:	Ben Rosenbauer	Email Address:	brosenbauer@mcjcoho.org
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-12
2. End date of the onsite portion of the audit:	2024-06-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Montgomery County Prosecutor's Office, Victim Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	50
15. Average daily population for the past 12 months:	28
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	34
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	11
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	11

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>11</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>72</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Conferred with staff; reviewed the population roster; observed population.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; observed population; reviewed sample of vulnerability assessments.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; reviewed sample of vulnerability assessments.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; observed population; reviewed sample of vulnerability assessments.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; observed population; reviewed sample of vulnerability assessments.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; observed population; reviewed sample of vulnerability assessments.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; reviewed sample of vulnerability assessments.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Isolation is not used as protective custody for residents deemed at risk for sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

8

76. Were you able to interview the Agency Head?

- Yes
- No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Seven of the interview protocols for specialized and leadership/management staff were completed by the Auditor on the telephone during the pre-onsite audit phase, in alliance with the Auditor Handbook.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no allegations of sexual harassment during this audit period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
Non-certified Support Staff	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>Correctional Management and Communications Group, LLC</p>

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Sexual Abuse and Sexual Harassment Policy</p> <p>Organization Chart</p> <p>Training Certificate</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Random Staff</p> <p>Residents</p> <p>Provision (a):</p>

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The Montgomery County Juvenile Court Center for Adolescent Services (CAS), located in New Lebanon, Ohio serves adolescent male and female juvenile offenders. The Ohio Department of Youth Services (ODYS) provides funding for the provision of treatment services to residents who otherwise may be placed in an ODYS correctional facility. This facility also houses females for ODYS that have been committed to the State. Program services include but are not limited to individual, group and family therapy; healthcare; and education.

The facility has an overarching PREA policy aligned with the standards and provide guidance to staff regarding the facility's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policy provides guidance in detecting and responding to allegations of sexual abuse and sexual harassment. The primary PREA policy and supporting policies provide and address conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in policy and include sanctions for those found to have participated in the prohibited behaviors.

The primary policy includes responding to sexual abuse and sexual harassment through prevention; responsive planning; training and education; reporting; investigations; medical and mental care; assessments; disciplinary sanctions for residents and staff; and data collection and review. Policy provides approaches for detecting and responding to allegations of sexual abuse and sexual harassment. The interviews confirmed knowledge of the zero-tolerance policies regarding sexual abuse and sexual harassment. Staff training, resident education, and intake screening assist in detecting sexual abuse and sexual harassment.

Provision (b):

An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The PREA Coordinator is a part of the facility's management team, answering directly to the Deputy Director with open communication with the Director/ Superintendent regarding PREA-related issues. The PREA Coordinator is skilled in the implementation and the PREA Standards. The PREA Coordinator collaborates with the ODYS PREA Administrator regarding PREA related issues as needed. The interview with the PREA Coordinator and random staff and observations revealed his authority to provide oversight to the PREA initiatives. The Director/Superintendent lends support in the PREA efforts as determined from interviews, informal conversations, observations, and review of documentation. The PREA Coordinator completed related training, PREA: Coordinator's Roles and Responsibilities, through the National Institute of Corrections.

	<p>Provision (c):</p> <p>Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>A PREA Compliance Manager is not required in this situation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, it was determined there is compliance with this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The interview with the Superintendent revealed the facility does not contract with other facilities for the confinement of its residents.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Sexual Abuse and Sexual Harassment Policy</p> <p>Staffing Plan, Supervision and Monitoring</p> <p>Supervisor Shift Reports</p> <p>Facility Diagram</p> <p>PREA Coordinator's Annual (Staffing Plan) Assessment</p> <p>Unannounced Program Visit Forms</p> <p>Interviews:</p> <p>Superintendent</p>

PREA Coordinator

Provision (a):

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

The Staffing Plan, Supervision and Monitoring document and policy provide details for maintaining the staffing ratios and the staffing plan outlines the staffing requirements. The facility's staffing plan, internal controls and management ensure the PREA staffing ratios are maintained during the waking hours of 1:8 and during the sleeping hours of 1:16. Direct supervision is provided to residents during the daily activities and program services. The number of staff may be adjusted as needed due to program activities, dynamics of population or other relevant factors. Observations during the site review and interviews indicated the PREA staffing ratios are maintained. The PREA Coordinator makes the work schedules and they are reviewed by the Superintendent. Any staffing plan adjustments are reviewed by the Superintendent and he monitors for call outs.

The facility diagram shows the location of all the cameras throughout and outside of the facility. Provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews and scheduling. Work schedules are based on the facility's staffing plan and required coverage. The

scheduling for complying with ratios considers the dynamics of the population; trends within the population and facility; programming and activities; and other relevant factors. The shift schedules are made to ensure adequate shift coverage with proactive measures regarding standard security practices.

Provision (b):

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

The facility reports no deviations from the staffing ratios in the past 12 months. Policy provides for compliance to the staffing plan and the deviations will to be documented. There is a contractual agreement for maintaining the staffing requirements. The management staff understands and are prepared for documenting any deviations from the staffing requirements. The Superintendent and PREA Coordinator monitor the effectiveness of the work schedules based on the staffing plan requirements which shows the required staffing ratios. The staffing plan provides for the staffing ratios to be met and staffing practices provide for additional staff for days and times when increased staffing is required. A staff hold-over or mandated coverage system is incorporated in the scheduling. Deviations from the staffing plan will be documented, per policy and the interviews.

Provision (c):

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

Staffing ratios for the facility are provided by the direct care staff. The security practices and policies ensure the PREA ratios of 1:8 during the waking hours and 1:16 during the sleeping hours. Policy provides the specific staffing requirements based on the number of residents and includes supervisors. The minimum staffing ensures the PREA ratios are met. The ratios were discussed and observed for and met during the onsite review and review of documentation. Direct care staff members provide direct observation of residents. The average daily population for the last 12 months is 28. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is 28. The facility is not involved in any lawsuits or consent decrees.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Compliance Manager required by §115.311, the agency shall assess, determine, and document whether

adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

The documented assessment was completed by the PREA Coordinator in collaboration with the Superintendent. The document reviews but is not limited to the following areas: prevailing staffing patterns and review of staffing plan; electronic monitoring system; deployment of video monitoring and other monitoring technology; and resources, commitment and adherence to the staffing plan. The review considers any adjustments that need to be made in the major areas. The annual assessment documents the summarization of the review in the specific areas. No corrective actions were recommended in the report.

Provision (e):

Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Policy provides for the occurrence of unannounced rounds that are conducted by supervisory and management staff members. The documents show the rounds are made at various times. A form is used which records the areas visited and considerations and observations may be included. The interviews and review of documentation and policy confirmed the unannounced rounds occur and are conducted by intermediate level and higher-level staff. The unannounced rounds are recorded on the Unannounced Program Visit form.

The staff is not informed of when the rounds will occur and the visits are not conducted at scheduled times in accordance with policy. The unannounced rounds are conducted throughout the facility to identify and deter sexual abuse and sexual harassment. Staff members are prohibited from alerting other staff when the rounds are occurring. The unannounced rounds are recorded on the Unannounced Site Visit Form. The areas assessed during the unannounced rounds include but are not limited to proper routines being followed; proper facility staffing requirements; appropriate staff positioning; and location of groups.

Conclusion:

Based upon the review and analysis of the available evidence and the staff

interview, the Auditor determined the facility is adhering to this standard.

115.315 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

Sexual Abuse and Sexual Harassment Policy

Training Curriculum

Orientation Training Checklist

Search Reports

Interviews:

Random Staff

Residents

PREA Coordinator

Provision (a):

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Cross-gender strip and visual body cavity searches are prohibited. Cross-gender pat-down searches are not permitted, except in exigent circumstances and they must be documented. Policy and training provide guidance to staff on how the searches are to be conducted. The practice is that cross-gender pat-down searches are not conducted and supported by the interviews. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Based on the review of the Pre-audit questionnaire and Search Reports, and interviews, cross-gender searches have not been conducted at the facility during the past 12 months.

Provision (b):

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Policy does not support staff conducting cross-gender pat-down searches. All searches must be documented. Responses from staff include that only general searches are conducted by the same gender of the youth being searched. The

training materials show staff receives training on how to conduct searches, including cross-gender pat-down searches. Staff participation in the training is documented. Staff interviews confirmed awareness of how to conduct such searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months.

Provision (c):

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Cross-gender strip and cross-gender visual body cavity searches are prohibited. Policy provides for documenting the occurrence of searches which are documented on the Search Report. All interviews confirmed that no cross-gender searches have occurred at the facility during this audit period. Staff members are aware of the requirement to document all searches. There was no evidence of documenting any cross-gender searches among the regular searches.

Provision (d):

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The shower and use of bathroom protocols are followed and were explained during the comprehensive onsite review and confirmed during formal interviews. Residents are able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them, supported by policy and interviews. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, or performing bodily functions. Residents also revealed they have not been searched by the opposite gender staff. It was observed that residents have a reasonable amount of privacy during use of the bathroom. There are no cameras in the bathroom area or in the rooms.

Doorbells are located on the outside of each housing unit for opposite gender staff to use prior to entering. The Auditor observed this practice during the onsite review. During interviews, residents mentioned the use of the doorbell by opposite gender staff prior to entering the housing unit and a verbal announcement. The practice of opposite gender use of the doorbell and announcement was also confirmed by random staff interviews and during the comprehensive site review. The evidence shows residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or

genitalia. The staff interviews and observations support that viewing of the camera monitors does not show residents when they are showering, using the toilet or changing clothes. The bathroom protocols do not allow staff to view of the resident's body. Hygiene practices are performed with the expectations of reasonable privacy for each resident.

Provision (e):

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Policy and staff training prohibit the search of transgender or intersex residents solely for the purpose of determining the resident's genital status. Staff interviews verified no such searches have occurred or would occur at the facility. Staff received the training on conducting searches, including searches of transgender and intersex youth. Policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status. When the genital status of a resident is unknown, learning this information would be part of a broader medical examination conducted by the medical practitioner.

Provision (f):

The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The training curricula for staff provides information on conducting cross-gender pat-down searches and searches of transgender and intersex youth and supported by the staff interviews. Training records, interviews and training materials indicate the provision of search techniques consistent with security needs. The training materials and interviews indicate staff receive the training. The training includes the electronic training presentation, Guidance in Cross-Gender and Transgender Pat Searches, through the National PREA Resource Center. No such searches have been conducted during the past 12 months.

Conclusion:

Based on the reviewed documentation and interviews, the Auditor determined compliance with this standard.

115.316

Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

Appropriately Trained and Qualified Individual Policy

Memorandum of Understanding (MOU)

Staff Credentials

Posted PREA Information

Interviews:

Residents

Random Staff

PREA Coordinator

Provision (a):

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

The Miami Valley Interpreters, LLC will provide services for residents with disabilities, including those who may be blind, have low vision, limited reading skills, or otherwise disabled. A MOU confirms the available services. The education staff also provides support services through qualified staff with the educational background to modify/adapt information for all residents to understand. Policy also addresses the provision of support services for Limited English Proficient and disabled residents by ensuring residents equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to

sexual abuse and sexual harassment. The MOU also provides for interpreting services for residents who may be limited English proficient; deaf; hard of hearing; psychiatric and speech disabilities. Residents are not used as readers or interpreters, confirmed by staff interviews and policy.

Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information. Posted and other PREA information is in English and Spanish. Reporting information is posted on the housing units and in various areas of the facility. A Text Telephone is available for residents who are deaf, hard of hearing or speech-impaired. The resident handbook is accessible in Spanish and large print.

Provision (b):

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA information is accessible to residents in English, Spanish and other languages are obtainable where indicated. The facility is capable of providing access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are Limited English Proficient, including taking steps to provide professional interpreters who can interpret effectively, accurately, and impartially.

Provision (c):

The agency shall 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 §115.364, or the investigation of the resident's allegations.

Resident readers and resident interpreters are not used except in limited circumstances where an extended delay in obtaining an interpreter could compromise a resident's safety; performance of first responder duties; or investigation of allegations of sexual abuse or sexual harassment. The facility documents that there is access to services. The education and mental health staff members, and community resources have the capabilities to provide support services. Information regarding reporting allegations of sexual abuse and sexual harassment is posted and accessible in both English and Spanish. The facility has the resources available to get the PREA information translated and printed in additional languages as needed.

Conclusion:

	Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>Facility Sexual Abuse and Sexual Harassment Policy</p> <p>Facility Policy 2.2, Employee Selection</p> <p>Criminal History Record Checks</p> <p>Conviction Disclosure and PREA Disclosure Forms</p> <p>Declaration of Understanding</p> <p>Interview:</p> <p>Human Resources Staff</p> <p>Provisions (a) & (f):</p> <p>(a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p>Policies address hiring and other personnel matters, including and not limited to promotion processes and decisions, position descriptions, and background checks, including child abuse registries. The background checks occur initially and every five years thereafter, aligned with policy. The personnel files include the completed background checks and hiring documents. The background checks include but are</p>

not limited to FBI database checks, and state and child abuse registry checks. Background checks and other personnel records were reviewed in the personnel files. Through the employment process, prior to hire and promotion, applicants are queried to respond in writing to the following information which supports the background screening information packet:

Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or,

Have been civilly or administratively adjudicated to have engaged in the activity described above.

The interview and a review of policies provide details about the hiring process, completion of background checks, and grounds for termination or disqualification. The forms completed and included in the personnel files are responsive to the provisions of this standard. The documentation, interview and policies and secondary documentation support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. This documentation is a part of the personnel records and the required information for conducting the background checks.

Provision (b):

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and the documentation shows the inquiries made during the application and interview processes regarding previous misconduct.

The Policies and interview indicate the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior.

Provisions (c) & (d):

(c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all

prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. (d): The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The background check process includes consulting a child abuse registry as confirmed during the interview and review of documentation. The prospective employee or contractor also has to be cleared through background and abuse registry checks. Best efforts would be made to identify information of incidents or allegations of sexual abuse by a prospective employee. A review of personnel records and the interview confirmed the facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire a person, contract for services, or whether to promote an employee.

Provision (e):

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

Initial background checks are conducted and are conducted every five years thereafter, in accordance with Policy. The interview, review of documentation and a review of Policy provides guidance about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy and the interview support that the omission of sexual misconduct information or providing false information is grounds for termination. The facility imposes upon employees the continuing affirmative duty to disclose any such misconduct. The applicant is informed about this information, in writing, during the application process and acknowledges the information by completing the Conviction Disclosure and PREA Disclosure Form.

Provision (h):

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Policy provides that when a former employee applies for work at another institution, upon the request from that institution, the facility provides all relevant information regarding substantiated allegations of sexual abuse as requested, unless prohibited

	<p>by law.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Interviews:</p> <p>Superintendent</p> <p>Agency Head</p> <p>Provision (a):</p> <p>If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse?</p> <p>Policy requires for the consideration of this provision; however, there have not been any major renovations since the last PREA audit.</p> <p>Provision (b):</p> <p>If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>Policy requires for the consideration of this provision. Since the last PREA audit, the facility has received a security surveillance upgrade as explained and observed during the comprehensive site review. Additional digital cameras were installed to address identified blind spots. The camera system continues to be a supplement direct supervision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.</p>

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Documents Reviewed:</p> <p>Facility PREA Policy, Sexual Abuse and Sexual Harassment</p> <p>Agency Policy 109-INV-02, DYS Investigations</p> <p>A National Protocol for Sexual Assault Medical Forensic Examinations</p> <p>Memorandum of Understanding (MOU), Montgomery County Sheriff's Office</p> <p>MOU, Montgomery County Prosecutor's Office</p> <p>Letter Confirming Forensic Examination Services</p> <p>Incident Log</p> <p>Advocacy Agency Representative</p> <p>Interviews:</p> <p>Targeted Interviewee</p> <p>PREA Coordinator</p> <p>Random Staff</p> <p>Advocacy Agency Representative</p> <p>Provisions (a) & (b):</p> <p>(a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>Administrative investigations are investigated by the facility-based investigator. Allegations that are criminal in nature are investigated by the Montgomery County Sheriff's Office. Allegations of sexual abuse are also reported to the Ohio Department of Youth Services and the local child welfare agency, Montgomery County Job and Family Services/Children Services. Policy is followed regarding investigations of sexual abuse in accordance with the standard as determined by</p>

the interview with the PREA Coordinator and targeted interviewee, and investigation report. The interviews with random staff and the PREA Coordinator confirmed awareness of protocol for obtaining usable physical evidence and knowledge of the entities responsible for conducting investigations. The protocols for investigations by the Montgomery County Sheriff's Office are appropriate for youth. The facility has a Memorandum of Understanding with the Montgomery County Sheriff's Office regarding conducting investigations and in accordance with the applicable PREA standard provisions.

Provision (c):

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault 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 agency shall document its efforts to provide SAFEs or SANEs.

A letter exists from the Dayton Children's Hospital confirming the availability of forensic examination services. Forensic medical examinations will be conducted by the Pediatric Sexual Assault Nurse Examiner or Emergency Services Provider. Continuity of care from the hospital, back to the facility will be provided at the facility to include following discharge summary; medication management; health education; follow-up appointments; and trauma informed mental healthcare services. Forensic examinations will be provided at no cost to the victim. No forensic medical examinations were conducted during this audit period; the one allegation did not require one. Information regarding advocacy services is posted in each housing unit at the telephone.

Provisions (d) & (e):

(d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Victim advocacy services have been arranged and outlined in a Memorandum of Understanding with the Montgomery County Prosecutor's Office. The advocacy agency provides a range of advocacy services including for survivors of sexual assault. The advocacy agency follows all applicable laws and regulations with respect to confidentiality. The victim advocacy services include but are not limited to the following: 24-hour hotline; access to information; referrals; accompaniment services; and emotional support. Reportedly, information regarding victim advocacy services is initially provided to the residents during the intake process, according to staff, and is provided through the accessibility of posted information. Victim advocacy services are provided at no cost to the victim. Auxiliary aids, interpreter/ language services and accommodations due to a disability are provided as needed and also at no cost to the victim.

Provisions (f) & (g):

(f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section. (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

The facility-based investigator conducts administrative investigations in accordance with facility and Ohio Department of Youth Services policy and applicable protocols. Investigations of allegations of sexual abuse or sexual harassment that are criminal in nature are investigated by the Montgomery County Sheriff's Office. The MOU with the Sheriff's Office speaks to the cooperation with the facility and agreement to follow the protocols set forth in the applicable PREA Standard.

Provision (h):

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be 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.

The facility has made arrangements for victim advocacy services with the Montgomery County Prosecutor's Office-Victim/Witness Division confirmed through the interviews and written agreement, MOU. The background and training of treatment services staff provide them with familiarity of general sexual abuse and forensic examination issues and they may be of service to a resident as an advocate if needed.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 635 378">Documents Reviewed:</p> <p data-bbox="280 412 1104 445">Facility PREA Policy, Sexual Abuse and Sexual Harassment</p> <p data-bbox="280 479 828 512">Memorandum of Understanding (MOU)</p> <p data-bbox="280 546 568 580">Investigation Report</p> <p data-bbox="280 613 395 647">Website</p> <p data-bbox="280 680 459 714">Interviews:</p> <p data-bbox="280 748 475 781">Random Staff</p> <p data-bbox="280 815 501 848">Superintendent</p> <p data-bbox="280 882 533 916">PREA Coordinator</p> <p data-bbox="280 949 496 983">Provision (a):</p> <p data-bbox="280 1016 1331 1128">The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="280 1151 1481 1621">The policy provides that staff report all allegations of sexual abuse and sexual harassment and to document reports; staff members are aware of the requirements. Sexual abuse and sexual harassment allegations criminal in nature are referred to the Montgomery County Sheriff's Office and may also be investigated by the Ohio Department of Youth Services (ODYS) and reported to the local child welfare agency, Montgomery County Job and Family Services/Children Services. Policies and interviews provide for investigations of all allegations of sexual abuse and sexual harassment. The facility reports one allegation of sexual abuse and no allegations of sexual harassment. The allegation was staff-on-youth sexual abuse. An administrative investigation was conducted by a facility-based investigator. The investigation concluded that the allegation was unsubstantiated.</p> <p data-bbox="280 1644 635 1677">Provisions (b) and (c):</p> <p data-bbox="280 1711 1458 2047">(b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p>

Policy and reporting information are located on the facility’s website and posted within the facility and accessible to the public. Policy, Letter of Agreement, and interviews confirm allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by trained investigators within the facility and/or ODYS. Allegations of sexual abuse and sexual harassment that are criminal in nature are referred to the Montgomery County Sheriff’s Office. Allegations are also reported to Montgomery County Job and Family Services/ Children Services, and ODYS.

Provision (d):

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The facility and ODYS utilize trained investigator as evidenced from the interviews and documentation. Allegations that are criminal in nature are referred to the Montgomery County Sheriff’s Office as stated in the MOU. Policies and training requirements exist for the facility, Sheriff’s Office, Montgomery County Job and Family Services/Children Services, and ODYS. A MOU exists between the Montgomery County Sheriff's Office and the Montgomery County Juvenile Court, of which this facility is a unit. The MOU provides for the investigation of allegations in accordance with the applicable PREA Standards. Policies regarding investigations exist for all of the investigative entities.

Provision (e):

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

Facility PREA Policy

PREA Training Checklist

Staff Training Sign-In Sheets

Staff Training Evaluations Forms

Interviews:

Random Staff

PREA Coordinator

Provisions (a) & (c):

(a): The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) 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;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

(c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training,

	<p>the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p>Policy addresses PREA related training for staff which is provided initially upon employment and annually. Interviewed staff members are familiar with the PREA information and tenets of the training. PREA training is provided to staff, as indicated by a review of facility Policy, training documents and interviews.</p> <p>Provision (b):</p> <p>Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.</p> <p>The facility houses males and females and staff training considers the needs of the populations served. The training is tailored to the needs and attributes of the populations. All staff within the facility are provided PREA training.</p> <p>Provision (d):</p> <p>The agency shall document, through employee signature or electronic verification that employees understand the training they have received.</p> <p>The PREA training received is documented electronically and through sign-in sheets; training logs; certificates; curriculum; acknowledgement statements; and checklists. The occurrence of training was verified through staff interviews and the various forms of documentation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the standard.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Training Certificates</p> <p>Declaration of Understanding Forms</p>

Acknowledgement Statements

Interviews:

Contractors (2)

Volunteers (2)

Provision (a):

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Volunteers and contractors that have contact with residents must be trained on PREA issues and their responsibilities regarding sexual abuse prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of documents and interviews confirm the training occurs. The training includes but is not limited to reporting allegations of sexual abuse and sexual harassment; related definitions; professional relationships and responsibilities. The training is also based on the services provided. The volunteers provide religious services and the contractors provide mental health services to the residents.

Provision (b):

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.

The interviews and review of documentation revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment. The training is relative to the services provided by the participants.

The contractors and volunteers knowledgeable of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report. The interviews confirmed that the review of the zero-tolerance policy for the facility is included in the PREA training. The contractors interviewed provide mental health care and the volunteers provide religious services to the residents.

Provision (c):

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The training documentation, including acknowledgement statements, training

	<p>certificates, and interviews confirmed the receipt and awareness of PREA training by the contractors and volunteers. The interviews and documentation support that contractors and volunteers understand the training provided.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Memorandum of Understanding (MOU)</p> <p>PREA Education Pamphlets</p> <p>Education Acknowledgement Statements</p> <p>PREA Education Sheets</p> <p>Resident Handbook</p> <p>Interviews:</p> <p>Residents:</p> <p>Intake Staff</p> <p>Provisions (a) & (b):</p> <p>(a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>Policy provides that all residents admitted receive PREA education. The PREA education sessions inform residents how to report allegations of sexual harassment and sexual abuse. The pamphlet, CAS Youth Safety Guide, is a part of PREA</p>

education information and provides information that includes but is not limited to definitions; residents' rights; how to report sexual abuse and sexual harassment; tips on residents staying safe; and actions staff take to keep residents safe. A review of the education materials indicated the information provided to the residents is age-appropriate, such as one resource being in comic book style. The residents initially sign acknowledgement statements which represent receipt of the PREA information provided.

The interviews with the residents revealed the need for a refresher education session focusing on the advocacy agency and the services provided to victims of sexual abuse to ensure the residents' clear and un-contradicted understanding of the information provided. A corrective action was implemented by the PREA Coordinator who provided refresher PREA education sessions regarding the victim advocacy services and agency. The PREA Coordinator provided the Auditor with training logs/sign-in sheets with residents acknowledging receipt of the education by their documented signatures and the date of the education session. The PREA Coordinator/educator also signed and dated the documentation of the training.

Provision (c):

Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), including interviews, residents received PREA education. The facility reports that all youth admitted to the facility during the past 12 months participated in PREA education sessions. A review of acknowledgement statements, observed posted information, interviews, and review of the training materials, indicate PREA education is provided to residents.

Provision (d):

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. Through the court, the facility is provided a resource for accessibility of translation services and other accommodations through a MOU with Miami Valley Interpreters, LLC who provides for interpreting services. A TTY device is available through the courts for residents who may be deaf, hard of hearing, or speech impaired. Residents are provided an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The education staff provides support services through certified teachers with the educational background to modify/adapt information for all residents to understand. Assistance may also be provided by the treatment staff and contractors to ensure all residents' understanding of the PREA information. Posted and other PREA information is in English and Spanish. Reporting information is posted in easily read formats within the facility, accessible to residents, staff and visitors. There is a consistent message with all the posted and other printed information and the education video.

The staff revealed a practice of residents not used as translators or readers for other residents. The facility has knowledge of a youth's arrival to the facility prior to the admission date. This time period provides for the identified staff to make plans to accommodate the special needs of residents and coordinate with education and treatment staff and the Court for accommodations where needed. The special arrangements are coordinated by treatment staff in collaboration with administrative and Court staff. Residents may be asked about feelings of safety during informal encounters with staff and during formal treatment sessions.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions.

Signed acknowledgement statements and sign-in sheets were reviewed which supported the residents' involvement in PREA education sessions. The residents' interviews confirmed that PREA education sessions occur. The residents were aware of how to report allegations of sexual abuse and sexual harassment and that they would not be punished for reporting such. Interviews revealed that residents are aware of their PREA related rights. The refresher education sessions focusing on the advocacy agency and related services were documented and documentation was provided to the Auditor.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The interviews with the residents confirmed that PREA information is provided initially and continuously and readily available and visible to residents during their stay in the facility. The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse and how to request advocacy services, which the refresher session clarified. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide information on sexual abuse and sexual harassment; steps staff will take to keep residents safe; and reporting information.

The easy to read PREA information is posted in the housing units, hallways and

	<p>lobby, assessable to all residents. Each resident is provided a resident handbook which also contains PREA information. The resident interviews supported that refresher PREA education sessions are conducted in the facility. The Post-Test is used to test how well the PREA information is comprehended by the resident. PREA related information is provided to staff in policies and procedures, training and staff meetings.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Training Certificate</p> <p>Memorandum of Understanding, Montgomery County Sheriff's Office</p> <p>Interview:</p> <p>PREA Coordinator</p> <p>Provisions (a) & (b):</p> <p>(a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Administrative investigations are conducted by the facility-based investigator may also be investigated by ODYS. PREA training is required of investigators, in addition to the specialized training on conducting administrative investigations. Allegations that are criminal in nature are investigated by the Montgomery County Sheriff's Office. The interviews, review of investigation report, and training certificates confirmed administrative investigations are conducted by trained investigators. The specialized training includes but is not limited to interviewing techniques; proper</p>

use of Garrity and Miranda warnings; preserving evidence; and criteria for supporting a finding of substantiated, unsubstantiated or unfounded. The PREA Coordinator has been identified as the facility-based administrative investigator. Training certificates, training log and interviews document the specialized training occurs. The investigators collectively have received training through the National Institute of Corrections titled, PREA: Investigating Sexual Abuse in a Confinement Setting

Provision (c):

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Documentation of training certificates of the investigators are maintained and confirmed by the interview. The investigators have collectively received online training courses through the National Institute of Corrections as documented by interviews and reviewed certificates, as well as other training. Allegations of sexual abuse or sexual harassment that are criminal in nature are referred to local law enforcement for an investigation, in accordance with policy and the interviews.

Provision (d):

Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The facility-based investigator has received online training courses through the National Institute of Corrections as documented by interviews and training certificate. The Montgomery County Sheriff’s Office and Montgomery County Children’s Services provide training to their investigators who may conduct investigations at the facility. The Department of Justice does not conduct investigations in this facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: Facility PREA Policy

Training Certificates

Interviews:

Medical Staff

Mental Health Staff

Provision (a):

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Medical and mental health staff members receive the regular PREA training as well as the specialized training provided through the National Institute of Corrections. Training certificates, log and interviews document regular PREA training and the specialized training for medical and mental health staff members and the interviews confirmed the training. The specialized training provides guidance based on the tenets of this provision. The specialized training includes: PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting; PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting; and Your Role Responding to Sexual Abuse.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Forensic examinations are not conducted by facility staff.

Provision (c):

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Training certificates, logs and interviews confirmed receipt of the regular and specialized training. Forensic medical examinations are not conducted at this facility.

Provision (d):

	<p>Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner’s status at the agency.</p> <p>Medical and mental health staff completed the general training that is provided for all employees as indicated by training documentation and the interviews. The standard PREA training is provided to all employees and the specialized training is provided through the National Institute of Corrections as determined from the document review.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Vulnerability Assessments</p> <p>Vulnerability Reassessments</p> <p>Resident PREA Education Log</p> <p>Interviews:</p> <p>Risk Screener</p> <p>Residents</p> <p>PREA Coordinator</p> <p>Provision (a):</p> <p>The policy provides that upon arrival or within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>Policy provides for each resident to be screened for risk of victimization or abusiveness prior to room assignment in order to reduce the risk of sexual abuse by or upon a resident. Interviews and practice indicate the risk assessment is</p>

completed within 24 hours of admission. This type of vital information is gathered through conversation with residents during the intake process and during the medical and mental health screenings. The youth is interviewed to obtain information about personal history and behavior. The court packet for the youth is also reviewed to gather pertinent information. The completed Vulnerability Assessment is reviewed by the Program Manager/PREA Coordinator and contains his signature and date of review. The interviews revealed the practice of the Vulnerability Assessment being conducted in accordance with the policy and Standard. Assessment instruments and interviews confirmed the collective information obtained includes but is not limited to:

Prior sexual victimization or abusiveness;

Resident's own perception of vulnerability;

Current charges and offense history;

Self-identification of resident;

Intellectual or developmental disabilities;

Physical disabilities;

Mental illness or mental disabilities Information regarding relationships with other youth;

Confirmation of size and stature;

Confirmation of Age

Policy addresses the occurrence and criteria regarding formal reassessments of residents. It is reported that the number of youths admitted to the facility within the past 12 months who were screened during the admission process for risk of sexual victimization and the risk of sexually abusing other residents is 57. The risk assessments are accessible to management staff, select supervisory staff and clinicians. Resident risk levels are reassessed every 45 days, in accordance with policy. Residents' confinement records were observed to be maintained in a locked file cabinet behind locked doors. Electronic records are password protected.

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

The objective screening instrument, Vulnerability Assessment, is used to obtain the information required by the standard and facility policy, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; disabilities; and a resident's concern regarding his/her own safety. The instrument is tabulated based on the information received where identified responses can identify any special needs and safety concerns. Assessments are conducted through the use of the objective primary instrument containing items that collectively provide a presumptive determination of risk for victimization or

abusiveness. Additional assessment tools are used by clinical staff which provides information regarding risk factors.

Provision (c):

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The residents' own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instruments and determined the items required by this provision of the standard are included within the instrument. The interviews confirmed awareness of the elements of the risk screening instrument and the application and use of the instrument was discussed by the risk screener. The resident interviews also confirmed the general inquiries made through the use of the objective screening instrument.

Disclosure of prior victimization or perpetrated sexual abuse is addressed in a timely manner. The resident is referred to a mental health staff following the disclosure of the information. Residents are seen by a Therapist after disclosure within the required time period and disclosed prior sexual victimization during the risk screening is reported. The actions by staff were verified through the targeted interviews with residents who disclosed incidents, not occurring in a correctional setting.

Provision (d):

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification

	<p>assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.</p> <p>The information to complete the risk screening instrument is gleaned from various sources. Information in determining the risk for victimization or abusiveness is obtained through interviewing the youth and review of the court packet. Additional information may be obtained from interviews with parents/guardians. The facility is aware of the youth's pending arrival to the facility and treatment staff has the opportunity to review the court records, case files, and behavior records in an effort to prepare for the needs prior to arrival. Additional assessments are completed after the youth is admitted to the facility to obtain supportive information for treatment planning and keeping the resident safe.</p> <p>Provision (e):</p> <p>The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>Staff take appropriate controls to ensure that sensitive information is protected and not exploited by maintaining the files under lock and key. in a locked and secure manner, locked cabinet behind locked doors. The online information on computers is password protected and is only accessible to identified staff, in accordance with Policy. Pertinent information is provided to staff based on the need to know and as provided in policy. Staff training includes information regarding confidentiality of information concerning residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Vulnerability Assessment</p> <p>Re-Assessment for Assaultive Behavior, Sexually Aggressive Behavior & Risk for Sexual Victimization</p>

PREA Housing Log

Interviews:

Risk Screener

Medical Staff

Mental Health Staff

Residents

Random Staff

Superintendent

Provision (a):

The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Policy provides guidance to staff regarding the use of the information obtained from the Vulnerability Assessment. The interviews with clinical staff indicate the screening information is used to inform staff of information which may influence housing and program assignments, and assist in identifying treatment and any special services.

Provision (b):

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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The staff interviews indicated that protective measures will be taken immediately when needed and includes separating residents and notifying other staff, including supervisors and administrators. There were not any residents identified as at risk of sexual victimization placed in isolation in the 12 months preceding the audit. Policy provides that residents may be isolated from others only as a last resort when less restrictive measures are inadequate and then only until an alternative can be arranged.

Provision (c):

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such

identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Lesbian, Gay, bisexual, transgender, or intersex residents are not placed in specific housing solely based on how the residents identify or their status. Staff members are prohibited from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the site review, there were no rooms or units observed or identified to be reserved for LGBTI youth. Housing assignments are made on a case-by-case basis as supported by policy and interviews.

Provision (d):

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 agency shall consider on a case-by-case basis whether a placement would ensure residents' health and safety, and whether the placement would present management or security problems.

Policy and interviews support that housing and program assignments for transgender or intersex residents are made on a case-by-case basis which was evident from staff interviews. The interview with the risk screener confirmed staff considers on a case-by-case basis whether a placement would ensure a resident's health and safety, and whether the placement would present management or security problems. All of the aforementioned considerations are consistent with policy. The interviews indicate staffs' awareness and efforts in keeping residents safe, including transgender and intersex youth.

Provision (e):

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Policy provides placement and programming assignments for each transgender or intersex resident be reassessed twice per year to determine any threats to safety experienced by the resident. The interview with the risk screener confirmed awareness of policy and that the practice is that all residents are reassessed every 45 days.

Provision (f):

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

The resident's concern for his/her own safety is taken into account through the administration of the risk vulnerability screening instruments, treatment sessions and individual sessions and informal interactions with staff. The interviews with staff and review of documentation were aligned with the policy. Re-assessments for

vulnerability status are administered, which also considers the residents' concern for their own safety.

Provision (g):

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Transgender and intersex residents are given the opportunity to shower separately from other residents which is supported by interviews and policy. All residents shower separately. The configuration of the showers; staff's explanation of bathroom procedures; and policy confirm this practice.

Provision (h):

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

Policy provides that a resident will only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. The provisions of this standard will be provided if such occurs and are outlined in policy. No residents were determined at risk of sexual victimization and were placed in isolation in the 12 months preceding the audit. During the comprehensive site review, no residents were observed in isolation.

Provision (i):

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Policy supports those residents in isolation will receive a status review and will have daily access to clinical staff and education programming. The interviews with clinical staff support the daily access if a resident was in isolation. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

Facility PREA Policy

Posted Reporting Information

Resident Handbook

Grievance Forms

Telephone Guidelines

Website Third-Party Reporting Information

Posted PREA Information

Hearing Notice Form

Interviews:

Random Staff

Residents

PREA Coordinator

Provision (a):

The agency shall 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.

Policy provides for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour abuse reporting hotline. Telephones are made accessible to residents for reporting allegations of sexual abuse and sexual harassment and are located on each housing unit. Staff members cannot impede a resident's use of the telephone which is accessible for residents to report allegations of sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents may also use the telephone to request victim advocacy services.

Policy, posters, brochures, and the Resident Handbook collectively provide telephone numbers and instructions for reporting allegations of sexual abuse or sexual harassment. In addition to accessing a telephone, residents are also informed in the PREA education sessions, determined from the interviews, that they may tell staff; tell a family member or other person that does not work at the

facility; submit a Grievance Form; or use the abuse reporting hotline regarding allegations of sexual abuse or sexual harassment. The residents interviewed identified someone who did not work at the facility that they could report to about sexual abuse or sexual harassment. The random staff and resident interviews collectively revealed residents may use a telephone, submit a grievance, or talk to staff to privately report allegations of sexual abuse or sexual harassment. The resident is provided the hotline number in writing in the Resident Handbook and posted information.

Residents have access to writing materials; Grievance Forms; Sick Call Forms; and locked boxes for receipt of the forms which are accessible to all residents for reporting allegations. When a grievance form is used to make a written allegation of sexual abuse, the reporting procedures are implemented in accordance with policy. PREA related incidents will be handled directly by a facility-based investigator and/or an Ohio Department of Youth Services Investigator. If the allegation is criminal in nature, it will be reported to and investigated by the Montgomery County Sheriff's Office. Investigations may also be conducted by the Montgomery County Job and Family Services-Children Services Division.

PREA information is posted and each resident is provided a Resident Handbook and brochure which contains reporting and other PREA related information. Residents sign acknowledgement statements confirming receipt of the PREA information. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings.

Provision (b):

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The abuse reporting hotline may be used by residents and staff to report allegations of sexual abuse and sexual harassment. The interviews revealed familiarity with policy and posted and other printed information on how to report allegations of sexual abuse and sexual harassment. Telephones are located on each housing unit and other telephones may be used by the residents for reporting. The reports of sexual abuse or sexual harassment are accepted and subsequently referred for an investigation. The residents may report allegations to the abuse reporting hotline, Montgomery County Prosecutor's Office-Victim Witness Division. The hotline telephone was tested during the site review and was determined to be in working order and the operator was aware of the reporting process. The facility does not detain residents solely for civil immigration purposes.

Provision (c):

	<p>Staff shall accept reports made verbally, in writing, anonymously, and from third-parties and shall promptly document any verbal reports.</p> <p>The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to document verbal reports. The resident interviews collectively indicated awareness of reporting either in person, in writing, by telephone, or through a third-party. Interviewed staff members are aware of their duty to receive and document the receipt of verbal reports and that the documentation must be done as soon as possible. A third-party reporting form is located on the facility’s website and forms are available in the lobby.</p> <p>Provision (d):</p> <p>The facility shall provide residents with access to tools necessary to make a written report.</p> <p>Observations during the site review and interviews revealed writing materials are available for residents to complete Grievance and other forms. Each resident is provided a Resident Handbook and PREA packet which contains information regarding reporting allegations. The residents are informed of the reporting methods during PREA education sessions. The interviews, review of documents and facility practices revealed that residents are provided the tools to make written allegations of sexual abuse and sexual harassment.</p> <p>Provision (e):</p> <p>The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>The staff interviews collectively revealed staff may privately report allegations of sexual abuse and sexual harassment through the hotline number; talk with the Superintendent, supervisor, or PREA Coordinator; or write a report.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

Facility PREA Policy

Grievance Form

Resident Handbook

PREA Incident Log

Investigation Report

Acknowledgement Statements

Interviews:

Random Staff

Residents

PREA Coordinator

Superintendent

Provision (a):

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The policy contains procedures regarding the process for dealing with resident grievances related to sexual abuse and sexual harassment. Residents may submit a grievance related to PREA allegations at any time regardless of when the incident is alleged to have occurred and residents are not required to use an informal process for any situation regarding sexual abuse. When a grievance is received that contains an allegation of sexual abuse or sexual harassment, the policy and procedures for reporting and/or investigating allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. An investigation is conducted by a facility-based investigator, law enforcement, Ohio Department of Youth Services and/or Montgomery County Job and Family Services-Children Services Division.

Provision (b):

(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Policy provides that there is no time limit for completing a Grievance Form to report allegations of sexual abuse. Residents are not required to use an informal process or give the Grievance Form to any staff member regarding allegations of sexual abuse. Locked boxes are located on the housing units for residents to deposit forms. Policy does not 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.

Provision (c):

The agency shall ensure that—

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

Residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. The staff member involved in the grievance will not be involved in handling the grievance. To assist in the prompt and proper handling of the allegation of sexual abuse or sexual harassment, residents may put the Form directly in the grievance box, unimpeded by staff.

The Resident Handbook explains the regular grievance system and contains information regarding reporting allegations of sexual abuse and sexual harassment. The Grievance Form informs the resident to check a statement acknowledging it is a PREA related grievance. The resident is further instructed to place the completed Form in the locked grievance box or provide it to the On-Duty Supervisor.

Provision (d):

(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency 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 agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) 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.

Policy provides details about the administrative remedies including the timelines which are aligned with the standard. Initial response is required within 48 hours to inform the resident of receipt or results of the grievance containing an allegation of sexual abuse or sexual harassment. The interview revealed familiarity with the

Policy, including timelines. Residents have used the grievance form to report allegations of sexual abuse and sexual harassment.

Provision (e):

(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

If third-party reports of allegations of sexual abuse or sexual harassment are received, the policies and procedures for reporting and investigating allegations of sexual abuse or sexual harassment are initiated and a report is made as required. The content of the grievance is reviewed by a facility-based investigator and an investigation will be conducted by an investigative entity as appropriate.

Provision (f):

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Policy provides for emergency grievances to be responded to within 48 hours. If a grievance alleging sexual abuse is received, it is reviewed by the facility-based investigator or reported by staff to the appropriate investigative entity. The response to the grievance will include measures to ensure safety and also include but not limited to determining an immediate corrective action that would be

	<p>implemented where applicable to ensure the safety of the resident.</p> <p>Residents and staff interviewed identified the use of a Grievance Form as one of the methods that may be used to report allegations of sexual abuse or sexual harassment. The residents are aware of how emergency grievances are handled regarding sexual abuse or sexual harassment. There have been no grievances alleging sexual abuse filed by residents in the past 12 months.</p> <p>Provision (g):</p> <p>The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>A resident may be disciplined when it has been determined that a report alleging sexual abuse has been made in bad faith. Residents understand they will not be punished if a report is made in good faith, as determined through the interviews. The court document revealed that a resident may receive adverse actions when it is determined that false allegations were made regarding sexual abuse. During this audit period, there has not been a grievance filed in bad faith.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Facility Telephone Policy</p> <p>Memorandum of Understanding (MOU), Montgomery County Prosecutor’s Office-Victim/Witness Division</p> <p>Resident Handbook</p> <p>Posted Information</p> <p>Memorandum of Understanding (MOU)</p> <p>Interviews:</p>

Residents

Superintendent

PREA Coordinator

Advocacy Agency Representative

Provision (a):

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Interviews revealed that residents were not familiar with the victim advocacy agency and the services provided for residents if needed. Refresher education sessions were implemented to provide residents with a clear understanding of victim advocacy services. The MOU remains in effect, according to the advocacy agency representative, Superintendent, and PREA Coordinator. The interview with the advocacy agency representative confirmed the services to be provided when needed, including accompaniment during the forensic medical examination and the investigative interviews. The Resident Handbook and posted information regarding the agency, include the mailing address and telephone number. The information outlines how the resident will make contact with the agency for emotional support and other advocacy services related to sexual abuse. The information is also posted and in English and Spanish.

The hotline telephone was observed in each housing unit and the information posted by each telephone contains an information sheet which states what an advocate can and cannot do. The telephone was tested; the operator answered the call and explained the role of the operator and how the call would be routed. Residents are provided a document which provides information regarding the confidential advocacy services and contact information. Residents sign and date a Victim Services document which provides information about reporting allegations and the advocacy services.

Provision (b):

The facility shall 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.

Policy, facility staff interviews and the PREA education sessions provide that there will be adherence to confidentiality measures and that the related information is provided to residents during PREA education sessions. The MOU, interviews, Policy

and PREA documents confirmed the provision of confidential services for residents if needed. Contact information for advocacy services is a part of the PREA education sessions and is available to the residents in the Resident Handbook; through postings in housing units; and in the PREA information provided to each resident.

Provision (c):

The agency shall 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 agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The policy, advocacy agency representative’s interview, and MOU document the provision of advocacy services including but not limited to emotional support; accompaniment through the forensic medical examination and investigative interview; crisis intervention; and referrals. The agency representative and facility interviews confirmed the information contained in the MOU.

Provision (d):

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by policy and the Resident Handbook. During the pandemic when visitation to the facility was suspended, youth have been provided the opportunity to virtually visit with parents or guardians and with attorneys and court workers where requested. All residents interviewed confirmed communication opportunities occur. The interviews confirmed access to attorneys and court representatives and reasonable access to parents/legal guardians. The onsite review revealed areas where residents could meet privately with legal representatives and engage in visitation with approved visitors during regular times.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

	<p>Facility PREA Policy</p> <p>Resident Handbook</p> <p>Posted and other Printed Materials</p> <p>Website Information</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>Provision (a):</p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Staff members are to receive, document and report allegations of sexual abuse and sexual harassment made by a third-party. The staff members are aware third-party reporting of sexual abuse or sexual harassment can be done and indicated the information will be accepted and reported. Staff members are to document all verbal reports received. The interviews collectively revealed staff may report allegations privately through the use of the abuse reporting hotline, write a report, and tell administrators/supervisors. The facility and its website contain the information needed for third-parties to report allegations of sexual abuse and sexual harassment.</p> <p>PREA information regarding reporting is posted within the facility and accessible to residents, staff and visitors. Reporting information is also contained in the Resident Handbook. The residents indicated knowing someone who did not work at the facility that they have contact with. It was determined that a person outside of the facility may report allegations of sexual abuse and may make a report for a resident without giving the resident's name.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance with this standard.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

Facility PREA Policy

State Statute 2151.421

Acknowledgement Statement

Confidentiality Agreement

Special Incident Report

Investigation Report

PREA Investigation Log

Memorandum of Understanding (MOU), Montgomery County Sheriff's Office

Interviews:

Random Staff

Superintendent

Medical Staff

Mental Health Staff

Provisions (a) & (b):

(a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Policy require all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation. Staff members are deemed as mandated reporters by the State. A trained facility-based investigator conducts administrative investigations and allegations that are criminal in nature are investigated by trained personnel from the Montgomery County Sheriff's Office. Trained investigators from the Ohio Department of Youth Services and Montgomery County Job and Family Services-Children Services may also investigate allegations of sexual abuse. Policy provides guidance to staff on reporting allegations of sexual abuse and sexual harassment and the duties of the first responder.

Provision (c):

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as

specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policy addresses the conditions for providing information and prohibits staff from revealing any related information to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff members acknowledge being informed of the mandatory reporting information as required by facility policy, State of Ohio, American Correctional Association Standards, and PREA Standards. The acknowledgement statement is signed and dated by the staff member.

Provision (d):

(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The medical and mental health staff interviewed indicated residents are informed at the initiation of services of the limitations of confidentiality and their duty to report. The clinical staff members are also mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment, in accordance with policy and State law.

Provision (e):

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Reports of allegations are made as soon as possible to the investigative entities and parents/legal guardians. Policy, documentation, and the interview with the Superintendent confirmed a resident's caseworker rather than a parent are notified where indicated by the resident being under the guardianship of a child welfare agency. The resident's attorney of record will be notified of an allegation of sexual abuse within 14 days, in accordance with policy, which also provides the appropriate timelines and directions to staff for reporting allegations.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment,

	<p>including third-party and anonymous reports, to the facility’s designated investigators.</p> <p>The policy and interviews provide for all allegations to be reported to the facility-based investigator and subsequently to the appropriate investigative entity. Administrative investigations are conducted by the facility-based investigators. Sexual abuse and sexual harassment allegations that are criminal in nature are referred for investigation to the Montgomery County Sheriff's Office. Allegations may also be reported to the County welfare agency and the Ohio Department of Youth Services. Third-party and anonymous reports received must be reported and documented by staff as confirmed through random staff interviews.</p> <p>Conclusion:</p> <p>The review of evidence and interviews indicate the facility is compliant with this standard.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Vulnerability Assessments</p> <p>Vulnerability Re-Assessments</p> <p>Interviews:</p> <p>Superintendent/Agency Head</p> <p>Random Staff</p> <p>Provision (a):</p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>The staff is required to protect the residents through implementing protective measures. The expectation is that any action to protect a resident is taken immediately. Protective measures include but are not limited to separation, alert the supervisor or PREA Coordinator, and document the situation. During the intake process, residents are asked about how they feel about their safety as part of the inquiries by staff completing the Vulnerability Assessment, as evident by the document and the resident interviews. Administration of the risk screening</p>

	<p>instrument provides information that assists and guide staff in keeping residents safe through housing and program assignments. Additional assessment instruments, including re-assessments, provide information which offer supporting information in determining the risk level of each resident. No resident was identified to be at substantial risk of imminent sexual abuse in the past 12 months.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Document Reviewed:</p> <p>Facility PREA Policy</p> <p>Interviews:</p> <p>Superintendent/Agency Head</p> <p>Provisions (a) - (d):</p> <p>(a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c): The agency shall document that it has provided such notification. (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>If an allegation of sexual abuse is received that a resident was sexually abused while confined at another facility, the head of that facility must be contacted, in accordance with policy. The notification will be made as soon as possible and within 72 hours. The Superintendent/agency head is aware of the requirements and the duties regarding reporting to other confinement facilities and the requirement of allegations received from other facilities must be investigated. The policy and interview support allegations of sexual abuse or sexual harassment from a resident regarding his stay in another facility will be reported and investigated as required. In the past 12 months, there were no allegations of sexual abuse reported by a resident that occurred at another facility.</p> <p>Conclusion:</p>

	Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Plan for Coordinated Response to Sexual Abuse or Assault</p> <p>Interviews:</p> <p>Random Staff</p> <p>Superintendent</p> <p>Provision (a):</p> <p>Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>The written Plan for Coordinated Response to Sexual Abuse or Assault is aligned with policy. The Plan charts the steps to take when an identified staff member is the first to respond including the steps to take to preserve evidence from the victim and the perpetrator and staff and other contacts to make. There were no allegations or incidents where staff had to intervene as a first responder in the last 12 months. Policy and training provide that upon learning of an allegation that a resident was sexually abused the general staff response includes but is not limited to the following:</p>

	<p>a. Separate the alleged victim and alleged perpetrator.</p> <p>b. Call for help.</p> <p>c. Preserve the scene.</p> <p>d. Request that the alleged victim not take any actions that could destroy physical evidence.</p> <p>e. Secure the scene.</p> <p>Provision (b):</p> <p>If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Policy provides that non-security staff who may act as a first responder will request that physical evidence be preserved and contact direct care staff for assistance. There were no allegations or incidents where a non-security staff member had to act as a first responder to an incident or allegation of sexual abuse in the last 12 months.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Plan for Coordinated Response to Sexual Abuse or Assault</p> <p>Interviews:</p> <p>Random Staff</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and</p>

	<p>mental health practitioners, investigators, and facility leadership.</p> <p>The written planned coordinated actions in response to an incident of sexual abuse are included in the facility policy. There is also a written response plan that complements the policy which is identified as the Plan for Coordinated Response to Sexual Abuse or Assault. The Plan is a document in an easily read flow chart format outlining the actions of identified staff members. The Plan provides guidance at-a-glance for staff regarding the actions to take when there is an alleged incident of sexual abuse. Staff members interviewed were familiar with their role regarding the response to an allegation of sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>Facility PREA Policy</p> <p>Interview:</p> <p>Agency Head</p> <p>Provisions (a) & (b):</p> <p>(a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreements that limits the agency’s ability to remove alleged staff sexual abusers form contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. (b): Nothing is this standard shall restrict the entering into on renewal of agreements that govern: (1) The conduct of the disciplinary process, at long as such agreements are not inconsistent with the provisions of §115.372 and §115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>According to the policy and interview, the facility is not involved in any collective bargaining agreements.</p>

115.367	Agency protection against retaliation
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 635 378">Documents Reviewed:</p> <p data-bbox="280 412 552 445">Facility PREA Policy</p> <p data-bbox="280 479 831 512">Retaliation Monitoring Status Checklist</p> <p data-bbox="280 546 539 580">PREA Incident Log</p> <p data-bbox="280 624 459 658">Interviews:</p> <p data-bbox="280 692 807 725">PREA Coordinator/Retaliation Monitor</p> <p data-bbox="280 770 699 804">Superintendent/Agency Head</p> <p data-bbox="280 837 580 871">Targeted Interviewee</p> <p data-bbox="280 916 496 949">Provision (a):</p> <p data-bbox="280 983 1398 1184">The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p data-bbox="280 1229 1474 1756">Policy supports protecting residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The PREA Coordinator is responsible for conducting and ensuring retaliation monitoring. The Retaliation Monitoring Status Checklist is used to document the monitoring activities. The PREA Coordinator and Superintendent/agency head are familiar with the role of retaliation monitoring and its purpose. According to the documentation, retaliation did not occur after the report of the allegation of staff-on-youth sexual abuse. The Retaliation Monitoring Status Checklist provides for the person to indicate if they feel they are being retaliated against by anyone. The targeted interviewee indicated on the form during the process that retaliation was not occurring. The Retaliation Monitoring Status Checklist is signed and dated by the person that reported the allegation and the PREA Coordinator.</p> <p data-bbox="280 1800 496 1834">Provision (b):</p> <p data-bbox="280 1868 1469 2069">The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p>

Protective measures were generally identified during the interviews and were aligned with policy. Implementation measures to protect residents from retaliation include but are not limited to housing changes for resident victims or abusers; removing staff or resident from the program; and change in shift assignments. The retaliation monitoring is documented and follow-up checks with the parties involved ensure safe feelings and identify whether retaliation is occurring. The interview with the retaliation monitor confirmed the measures to detect retaliation include but are not limited to a review of: disciplinary reports; shift reports; behavior management reports; housing and program changes; and interactions among residents and staff.

Provision (c):

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue retaliation monitoring beyond 90 days if the initial monitoring period indicates a continuing need.

The interview identified items that are monitored to assess retaliation and include but are not limited to program and housing changes and observed the interactions among residents and staff, residents and residents, and staff and staff. The PREA Coordinator/retaliation monitor revealed that swift actions will be taken to rectify any retaliation that occurs.

Provision (d):

In the case of residents, such monitoring shall also include periodic status checks.

Policy and the interview with the PREA Coordinator/retaliation monitor and documentation indicate that status checks occur as a part of retaliation monitoring. The dedicated monitoring form and the interview revealed that initial contact would be made and follow-up checks are documented. Status checks include asking the resident directly about retaliation occurring and examining the behavior management activities. According to the interviews and documentation, no incident of retaliation has been identified.

Provision (e):

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Policy application is extended to those who cooperate with an investigation if there is a concern regarding retaliation. The interviews indicated the appropriate measures be taken to protect any related individuals against retaliation.

	<p>Provision (f):</p> <p>An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>The obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded. The interviews determined familiarity with the requirements regarding retaliation monitoring.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>PREA Resident/Housing Log</p> <p>Interviews:</p> <p>Superintendent</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provision (a):</p> <p>The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>Policy provides for a resident who alleges to have suffered sexual abuse may only be separated from the general population as a last resort and only until an alternative placement for keeping the resident safe can be arranged. The policy requires that where a resident is placed in isolation because he/she alleged sexual abuse, he/she must have visits from medical and mental health staff and access to education and program services. A review of continued separation must be conducted every 30 days. During this audit period, no residents were placed in segregated housing who alleged to had suffered sexual abuse.</p> <p>Conclusion:</p>

	Based upon the review of policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Investigation Report</p> <p>Training Certificates</p> <p>Memorandum of Understanding (MOU), Montgomery County Sheriff's Office</p> <p>PREA Log</p> <p>PREA Timeline Reference</p> <p>Interviews:</p> <p>Superintendent</p> <p>Random Staff</p> <p>Investigative Staff/PREA Coordinator</p> <p>Provision (a):</p> <p>When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>The administrative investigations are conducted by the facility-based investigators. Based on policy, review of investigation report, training certificates, and interviews, trained investigators conduct administrative investigations. Allegations that are criminal in nature are referred to the Montgomery County Sheriff's Office. Additionally, allegations are reported to the Ohio Department of Youth Services (ODYS) and Montgomery County Job and Family Services-Children Services. Investigations are conducted thoroughly and objectively based on the training provided and interviews. During this audit period, one allegation of sexual abuse was reported and none were reported for sexual harassment. The allegation was concerning staff-on-youth and received an administrative investigation. The allegation was determined to be unsubstantiated.</p>

Provisions (b) and (c):

(b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to §115.334. (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The investigative staff is trained through the online courses with the National Institute of Corrections. The Investigator gathers direct and circumstantial evidence that includes but is not limited to reviewing video, gathering witness statements, and reviewing logs. The law enforcement investigator and/or qualified medical practitioner is responsible for collecting direct physical and DNA evidence. The facility staff members do not collect DNA evidence however the training includes how to assist in preserving evidence. The MOU with the Montgomery County Sheriff's Office provides for the law enforcement agency to conduct investigations that are criminal in nature and identifies the applicable PREA standards that will be followed.

Provision (d):

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The interview with the investigative staff and policy confirm the provision that an investigation is not terminated if the source recants an allegation of sexual abuse or sexual harassment.

Provision (e):

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The Montgomery County Sheriff's Office will consult with the prosecutor's office regarding compelled interviews based on the Sheriff's Office conducting allegations that are criminal in nature. The facility-based investigator does not conduct compelled interviews.

Provision (f):

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff as supported by the investigative staff interview and training curriculum. The interview further revealed consideration is given to the person's demeanor and behavior history for false reporting. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

Provisions (g) and (h):

(g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse. (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The investigative staff interview revealed PREA investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. The facility-based investigator will review camera footage from a time period before and after the incident to assist in determining if staff actions or inactions contributed to the allegations. Investigations are completed with written reports that include a description of the evidence and investigative facts and findings as gleaned from review of the investigation report completed by the facility-based investigator.

Provision (i):

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The facility-based investigators do not conduct criminal investigations. It is the responsibility of the Montgomery County Sheriff's Office to refer cases for prosecution. The one allegation for this audit period received an administrative investigation by a facility-based investigator.

Provision (j):

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The written investigative reports are maintained in accordance with the policy which defers to what is required in the standard. Reports will be maintained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years, unless a shorter time period is required by law.

Provision (k):

	<p>The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p>The interview and policy confirm that upon the start of an investigation, it will not end until the investigation has been completed. The departure of the alleged abuser or victim from the employment or control of the facility will not terminate the investigation.</p> <p>Provision (l):</p> <p>Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>The investigative agencies are aware of the PREA standards requirements through the initial sharing of PREA information, MOU and subsequent interactions. The Department of Justice does not conduct investigations in this facility.</p> <p>Provision (m):</p> <p>When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>The investigative report, policy, MOU, and interviews indicate that staff cooperate with investigators and that the agency/facility is kept informed of the progress of an investigation. The PREA Coordinator is the primary contact person for the investigative entities.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Investigation Report</p> <p>Interview:</p> <p>Investigative Staff</p>

	<p>Provision (a):</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The investigative staff interview confirmed the facility-based investigators impose a standard of a preponderance of the evidence for determining whether allegations are substantiated. The practice is aligned with policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Investigation Report</p> <p>PREA Investigation Decision Form</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Targeted Interviewee</p> <p>Superintendent</p> <p>Provision (a):</p> <p>Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Policy addresses the resident being informed when a sexual abuse investigation is completed and the outcome of the investigation being documented. The results of an investigation are documented and residents are informed of the results when the investigation is completed. The interviews and documentation revealed the practice.</p> <p>Provision (b):</p>

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

The PREA Coordinator remains abreast of investigations completed by outside investigators and will be provided a copy of completed investigations. The results of investigations are provided to the resident in writing on the PREA Investigation Decision Form. The resident signs and dates the PREA Investigation Decision Form indicating receipt and understanding of the required information. The PREA Coordinator also signs and dates the Form. Both parties confirmed the delivery and receipt of the investigative findings during their interviews.

Provision (c):

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PREA Investigation Decision Form is used to document the tenets of this standard. Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed, in writing, of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer posted within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse in the facility; and/or
- d. The staff member has been convicted on a charge related to sexual abuse in the facility.

Provision (d):

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The PREA Investigation Decision Form is used to document the tenets of this standard and it was presented to the resident by the PREA Coordinator. Policy provides that following a resident's allegation of being sexually abused by another resident the alleged victim shall be informed, in writing, whenever:

	<p>a. The alleged abuser is criminally charged related to the sexual abuse.</p> <p>b. The alleged abuser is indicted related to the sexual abuse.</p> <p>c. The alleged abuser is convicted on a charge related to sexual abuse.</p> <p>Provision (e):</p> <p>All such notifications or attempted notifications shall be documented.</p> <p>Policy provides for the notification to the resident be documented. The PREA Investigative Decision Form is utilized to document the resident’s notification of the results of an investigation and any disposition of the alleged perpetrator. There is familiarity with the requirement as determined from interviews and informal conversation and the completion of the PREA Investigative Decision Form. The Form is signed and dated by the resident and PREA Coordinator and verified by their interviews.</p> <p>Provision (f):</p> <p>An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>The agency’s obligation to report under this standard terminates if the resident is released from the facility’s custody, in accordance with Policy.</p> <p>Conclusion:</p> <p>The interviews and review of Policy and other documentation confirmed the facility is compliant with this standard.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>Facility PREA Policy</p> <p>Interviews:</p>

Superintendent

PREA Coordinator

Provision (a):

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The policy and interviews support that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse and sexual harassment policy. There was no staff member that violated sexual abuse or sexual harassment policy during this audit period.

Provision (b):

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. The facility reports that no staff member violated policy regarding sexual abuse or sexual harassment during this audit period.

Provision (c):

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Any staff with findings other than actually engaging in sexual abuse will be subject to measures appropriate to the circumstance of the incident and the other components of the provision, in accordance with policy. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff.

Provision (d):

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies. No staff member has been terminated for violating the facility's sexual abuse and sexual harassment policy during this audit period.

	<p>Conclusion:</p> <p>Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Reviewed:</p> <p>Facility PREA Policy</p> <p>Interviews:</p> <p>Superintendent</p> <p>Therapists (2)</p> <p>Volunteers (2)</p> <p>Provision (a):</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Policy provides for contractors and volunteers who engage in sexual abuse with a resident to be reported to law enforcement and to relevant licensing bodies. Documentation and interviews confirm contractors and volunteers receive a clear understanding that sexual misconduct with a resident is prohibited. Any contractor or volunteer who violates the agency’s sexual abuse or sexual harassment policies is prohibited from contact with residents. During this audit period, there have been no allegation of sexual abuse and no allegation of sexual harassment involving a contractor or volunteer.</p> <p>Provision (b):</p> <p>The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy and the interview with the Superintendent confirm the appropriate remedial measures will be taken and include prohibiting further contact with residents in the case of any violation of the sexual abuse and sexual harassment policy by a contractor or volunteer. In the past 12 months, no contractors or volunteers were reported or identified for allegations of sexual abuse or sexual harassment.</p>

	<p>Conclusion:</p> <p>Based upon the review of the documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Resident Handbook</p> <p>Major Rule Infraction Form</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>Provision (a):</p> <p>A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>An administrative process exists for dealing with violations and residents being held accountable for their actions. Residents may be subject to disciplinary sanctions only after formal proceedings regarding resident-on-resident sexual abuse. Residents found in violation of facility rules are subject to sanctions pursuant to a formal administrative disciplinary process. The consequences are administered through the administrative system, encompassing the behavior management system. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities and may result in charges being filed and the resident being removed from the facility where the charge may be criminal in nature. Sexual activity between residents is prohibited.</p> <p>Provision (b):</p> <p>Any disciplinary sanctions shall 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</p>

shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Disciplinary sanctions, applicable to the offense, are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; and considers similar disciplinary history of other residents. There is consideration of mental disabilities or mental illness contributing to the behavior. PREA related violations may result in charges filed and the resident transported to a detention facility based on the circumstances of the incident. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities.

Provision (c):

The disciplinary process shall 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.

Disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to a resident's behavior regarding the application of disciplinary measures. The related interviews were aligned with this provision. Staff will examine a resident's behavior and disciplinary history when deciding disciplinary matters. Staff will consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

Provision (d):

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

Based on the interview with clinical staff, the facility considers whether to offer an offending resident intervention services designed to address and correct underlying reasons or motivations for the abuse participation. The facility will not require participation in such interventions as a condition for participation in general programming or education as determined from the interview. Counseling/mental health staff are equipped to develop treatment planning and interventions to address underlying reasons or motivations for the abuse with alleged victims and alleged perpetrators.

Provision (e):

The agency may discipline a resident for sexual contact with staff only upon a

	<p>finding that the staff member did not consent to such contact.</p> <p>Policy provides that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There has been no resident sexual contact with staff during this audit period.</p> <p>Provision (f):</p> <p>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 shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Any resident reporting in good faith is immune from any civil or criminal liability. In accordance with policy, a report of sexual abuse made in good faith based on the belief that the alleged incident occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Provision (g):</p> <p>An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Policy prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action as a rule violation. Referrals are made to the investigative entities and court processes occur after determination that the sexual activity was coerced.</p> <p>Conclusion:</p> <p>Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Mental Health and Medical Services Referral Form</p> <p>Mental Health Assessment</p>

Vulnerability Assessment

Correspondence for Contract Services

Interviews:

Medical Staff

Mental Health Staff

Targeted Interviewees

Risk Screener

Provisions (a) and (b):

(a): If the screening pursuant to §115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. (b): If the screening pursuant to §115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Policy and practice provide that a resident be referred to mental health or medical staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff, targeted interviews, and a review of documentation revealed that the issues are identified and addressed well within the 14-day time period. Residents are generally seen by medical and mental health staff during the intake process and follow-up is provided. The interviews and documentation demonstrate that all residents receive a mental health assessment.

Provision (c):

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Policy supports that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual victimization or abusiveness. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other staff, based on their need to know.

Provision (d):

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not

	<p>occur in an institutional setting, unless the resident is under the age of 18.</p> <p>Policy addresses informed consent being obtained for residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. Clinical staff members understand the practice of informed consent as demonstrated by the interviews and use of a consent form or documentation in the nurse's or case notes.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Letter of Agreement, Dayton Children's Hospital</p> <p>Resident Handbook</p> <p>Coordinated Response Plan</p> <p>Vulnerability Assessments</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Targeted Interviewee</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provision (a):</p> <p>Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Policy and other documentation and the interviews support the alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis</p>

intervention services. The facility's clinical staff members included that the nature and scope of their services are determined according to their professional judgment. Residents are informed of clinical services, meet with those practitioners and are provided services during the intake process and during their stay in the facility. The allegation of staff-on-youth sexual abuse during this audit period did not require physical intervention or medical attention.

The alleged victim will get services within the facility as well as timely services in the community. An alleged victim will be transported to the Dayton Children's hospital emergency room for a forensic medical examination as stated in a letter of agreement. The medical forensic medical examination will be performed at no cost to the victim and in accordance with policy by a Pediatric Sexual Assault Nurse Examiner, Emergency Services Provider, or other qualified medical practitioner. The coordinated response plan is used as a reminder to staff and to document protocols were followed regarding the emergency situation. The coordinated response plan serves as a quick reference guide to staff for confirmation of the steps to take regarding an alleged incident of sexual abuse. Medical and mental health staff members maintain secondary materials and documentation of encounters with residents as verified through the document review.

Provision (b):

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

The interviews with clinical staff revealed residents have access to unimpeded access to emergency services, onsite and on call. Policy provides guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and investigative entities. A review of the documentation and policies; observations of the interactions among residents and staff during the site review; and the interviews indicated unimpeded medical and crisis intervention services are available to an alleged victim of sexual abuse.

Training also prepares staff members to appropriately report sexual abuse, protect the alleged victim and notify the appropriate staff and investigative entities. Policy and the coordinated response plan exist for protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff.

Provision (c):

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

	<p>Policy, medical assessments, and interviews confirmed processes and services are in place for an alleged victim to receive timely access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate. Access to sexually transmitted infection prophylaxis will be at the hospital. If needed after an incident, follow-up services may be provided by the facility's medical and mental health staff members to provide follow-up and support services as needed. The standard of care within the facility ensures the appropriate medical and mental health follow-up as needed.</p> <p>Provision (d):</p> <p>Treatment services shall 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.</p> <p>Policy provides that treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser, or cooperates with any investigation arising out of the incident.</p> <p>Conclusion:</p> <p>Based on the evidence reviewed and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Mental Health Services Contract</p> <p>Mental Health Services Purchase Order</p> <p>MOU, Montgomery County Prosecutor's Office-Victim/Witness Division</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Targeted Interviewee</p>

PREA Coordinator

Provision (a):

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The policy, coordinated response plan and interviews support that medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse. The interviews support that follow-up and ongoing assessment and treatment services will be provided as needed and advocacy services are also available. Resident Sick Call Slips and locked box receptacles for the receipt of the Slips provide for complaints to be made privately and in writing. Medical and treatment services are reviewed during the admissions process and referred to in the Resident Handbook.

Provision (b):

The evaluation and treatment of such victims shall 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.

Interviews and documentation of encounters confirm on-going treatment services will be provided as appropriate. The interviews with treatment staff revealed that follow-up services will include but not be limited to therapy; counseling; medication management; and other follow-up services and referrals as needed. Additionally, directions contained in a discharge summary will be followed.

Provision (c):

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Policy and other documentation, staff interviews and observations indicated medical and treatment services are consistent with the community level of care. Treatment services may be provided by facility staff and contract services if needed. The interviews and observations during the site review verified treatment services at the facility are at least consistent with the community level of care.

Provision (d):

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Pregnancy tests may be conducted at the Women's Health Center, according to the medical staff interviewed.

Provision (e):

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The interviews support that victims that may become pregnant as a result of the sexual abuse, will receive timely information and access to all lawful pregnancy-related services.

Provision (f):

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The interview with medical staff ensures victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. The test would be done at the hospital and additional testing may be done through the facility. There have been no allegations of sexual abuse that required the resident being offered tests for sexually transmitted infections during this audit period.

Provision (g):

Treatment services shall 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.

All treatment services will be provided at no cost to the victim, in accordance with policy, and whether or not the victim names the abuser or cooperates with the investigation.

Provision (h):

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Medical and mental health evaluation and treatment is offered to alleged victims of sexual abuse. The mental health staff and documentation, confirmed that all residents get a diagnostic assessment soon after arrival to the facility. Known resident-on resident abusers will receive a mental health evaluation and offered appropriate treatment as soon as possible, well within the 60-day requirement.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

Facility PREA Policy

Sexual Abuse and Sexual Assault Incident Review Checklist

PREA Investigation Log

Interviews:

Superintendent

Incident Review Team

Provision (a):

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The facility is required to conduct a sexual abuse incident review at the conclusion of an investigation, unless the allegation was unfounded. The interviews revealed their understanding of the role of the incident review team. A review of the policy and other documentation and interviews confirmed incident reviews are conducted regarding the investigation of an allegation of sexual abuse, unless unfounded and in accordance with policy. The allegation of sexual abuse was determined to be unsubstantiated after the completion of the administrative investigation.

Provision (b):

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Policy requires and the documentation supports that an incident review occurs within 30 days of the conclusion of the investigation. The interviews and documentation confirmed incident reviews occur within the stated time period. The interviews revealed knowledge of the purpose of the incident review process.

Provision (c):

The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Policy and interviews collectively identify members of the incident review team: management staff; input from supervisors, random staff and clinical staff. The additional staff members will attend the meeting as needed, related to the incident. The minutes of the incident review for the allegation of sexual abuse are documented by the PREA Coordinator with a copy to the Superintendent.

Provision (d):

The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Policy and interviews collectively outline the requirements of the standard for the areas to be assessed by the incident review team. The interviews and review of policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation. The incident review process is documented through the use of the Sexual Abuse and Sexual Assault Incident Review Checklist. The meeting activities are documented and the written report includes the assessment of the circumstances surrounding the incident and any recommendations for improvement. The incident review team meeting minutes document that consideration is given in accordance with this provision of the Standard.

Provision (e):

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Policy provides that the facility will implement the recommendations for improvement and that the reasons for not following recommendations are documented. The incident review process allows for the assessment of the circumstances surrounding the incident. The format for documenting the incident review process has been developed and includes recommendations if indicated, as determined from a review of the Sexual Abuse and Sexual Assault Incident Review Checklist and the interviews. All meeting minutes are signed and dated by the attendees. The document includes any recommendations made and provides for entry as to whether or not they were implemented; the recommendations made were implemented. The completed Checklist is also signed and dated by the Superintendent.

	<p>Conclusion:</p> <p>Based upon the review of policy and other documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Annual Data Review & Assessment</p> <p>DOJ Survey of Sexual Victimization, 2022</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Provisions (a) & (c):</p> <p>(a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (c): The incident-based data collected shall 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.</p> <p>Policy provides for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents and identifies the data sources. The facility collects the data and completes an annual report with the compilation of data gleaned from the various data sources. The Ohio Department of Youth Services (ODYS) compiles an agency report with the data obtained through the central reporting system. A standardized set of definitions provides support for the collection of accurate and uniform data. The facility and ODYS maintain incident-based data complete enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization, upon request. The last request for completion of the Survey of Sexual Victimization was for 2022 data.</p> <p>Provision (b):</p> <p>The agency shall aggregate the incident-based sexual abuse data at least annually.</p>

	<p>The facility and ODYS aggregate the incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the annual reports for the facility and the agency which is supported by the reviewed data and policy.</p> <p>Provision (d):</p> <p>The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Data is collected and various types of data are identified and related documents regarding PREA information as applicable. Statistical information is maintained for various service areas and occurrences, including PREA and other major incidents and medical and mental health emergencies. The facility maintains data and aggregates the data which culminates into the annual reports and a specific annual PREA report.</p> <p>Provision (e):</p> <p>The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>The facility does not contract for the confinement of its residents.</p> <p>Provision (f):</p> <p>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The Survey of Sexual Victimization, 2022 has been completed and submitted. Upon request, the PREA Coordinator completes all such data from the previous calendar year and submits to the Department of Justice in a timely manner based on the year of the most recent version of the Survey of Sexual Victimization.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Facility PREA Policy</p>

	<p>Annual Data Review & Assessment</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Agency Head</p> <p>Provision (a):</p> <p>The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.</p> <p>The interviews support the review of data and that it is used to improve the agency’s PREA efforts. The interviews and review of documentation revealed the collection of various types of data that is PREA related. Data is reviewed to assess and improve the effectiveness of prevention, detection and response within the facility and by ODYS for the agency. The data is also primary to preparing annual reports for the facility and ODYS.</p> <p>Provisions (b)-(d):</p> <p>(b): Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. (c): The agency’s report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The annual report is reviewed and approved by the Superintendent/Agency Head. There are no personal identifiers in the report. The annual report contains PREA related data and provides for the comparison of data. The audit report covered allegations for the 12 months preceding this audit.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, the Auditor determined the agency is compliant with this standard.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>Facility PREA Policy</p> <p>Interviews:</p> <p>Agency Head</p> <p>PREA Coordinator</p> <p>Provision (a)-(d):</p> <p>(a): The agency shall ensure that data collected pursuant to §115.387 are securely retained. (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. (d): The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>Policy provides that the data collected is securely stored and maintained for at least 10 years after the date of collection unless a Federal, State or local law requires otherwise. Personal identifiers are removed from aggregated data before making the data publicly available. The report indicates whether any information has been redacted. An annual report is available to the public through the facility and ODYS agency websites. A review of the annual report verified there are no personal identifiers by the checked box at the end of the report. The PREA records are securely stored in a locked cabinet in the administrative area behind locked doors and electronic records are password protected.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Pre-Audit Questionnaire and supporting documentation was initially

	<p>uploaded in the online system. The Auditor was provided additional information onsite and during the post onsite audit phase. Evidence of a corrective action was provided to the Auditor during the post audit phase regarding an education refresher for the residents about advocacy services. The Ohio Department of Youth Services ensures the completion of PREA audits for each State-run and contract facility as required, including this facility. The previous PREA audit was conducted in 2021.</p> <p>The comprehensive site review was led by the Superintendent and PREA Coordinator; all areas of the facility were included. The areas containing posted PREA related information, including the audit notices were observed. The Superintendent and PREA Coordinator were cooperative in providing information and participating in or assisting in coordinating the interviews. All interviews were conducted in a private office without interference.</p> <p>The PREA notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process in place for confidential correspondence for the residents however no correspondence was received by the Auditor from residents, staff, contractors, visitors, or other interested parties.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>Annual Reports</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Provision (f):</p> <p>The agency shall ensure the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>The posted PREA reports by the facility and Ohio Department of Youth Services do not contain any personal identifying information other than selected names and job titles. The facility policies and additional documentation, practices and interviews with staff and residents were reviewed regarding compliance with the standards and have been identified in this and previous reports.</p> <p>The audit findings were based on the triangulation of the data sources: review of policies, procedures, and supporting documentation; observations; and interviews.</p>

There were no conflicts of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles of facility management staff and the name of the advocacy agency.

Conclusion:

Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes