

PREA Facility Audit Report: Final

Name of Facility: Multi-County Community Corrections Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/29/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Shirley L Turner	Date of Signature: 07/29/2022

AUDITOR INFORMATION	
Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	06/14/2022
End Date of On-Site Audit:	06/14/2022

FACILITY INFORMATION	
Facility name:	Multi-County Community Corrections Facility
Facility physical address:	815 Faircrest Street Southwest, Canton, Ohio - 44706
Facility mailing address:	

Primary Contact	
Name:	Rebecca Mackey
Email Address:	ramackey@mcjas.org
Telephone Number:	330-484-6471 ex 2842

Superintendent/Director/Administrator	
Name:	James McKenzie
Email Address:	JCMckenzie@mcjas.org
Telephone Number:	330-484-6471 ex 2820

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Dr. Donna Backus
Email Address:	doctordona@yahoo.com
Telephone Number:	330-685-1625

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	7
Average daily population for the past 12 months:	17
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14-18 years old
Facility security levels/resident custody levels:	Maximum/Felony 1-5
Number of staff currently employed at the facility who may have contact with residents:	19
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Multi-County Juvenile Attention System
Governing authority or parent agency (if applicable):	MCJAS Board Consist of The Board of Trustees & Joint Board of County Commissioners
Physical Address:	815 Faircrest Street SW, Canton, Ohio - 44706
Mailing Address:	
Telephone number:	3304846471

Agency Chief Executive Officer Information:	
Name:	James McKenzie
Email Address:	jcmckenzie@mcjas.org
Telephone Number:	330-484-6471 ext 282

Agency-Wide PREA Coordinator Information			
Name:	Rebecca Mackey	Email Address:	Ramackey@mcjas.org

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
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:	2022-06-14
2. End date of the onsite portion of the audit:	2022-06-14

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:	Operator - COMPASS, Stark County Rape Crisis Center.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	17
16. Number of inmate/resident/detainee housing units:	2
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:	9
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:	0
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:	0
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:	0
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:	0
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:	0
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:	0
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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	19
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:	5
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:	3
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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
If "None," explain:	There were only nine youth in the facility and all youth were interviewed.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were only nine youth in the facility and all youth were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were only nine youth in the facility and all nine youth were interviewed.
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:	0
<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

<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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review and interviews with other residents.</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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review.</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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review and interviews with residents.</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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review and interviews with residents.</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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review and interviews with random staff.</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>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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review and interviews with random staff.</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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review and interviews with random staff.</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>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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review and interviews with random staff.</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>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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review and interviews with treatment staff.</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>Information received from PREA Compliance Manager following written inquiry regarding youth in vulnerable population categories. Additional inquiry by Lead Auditor during the comprehensive onsite review and interviews with treatment staff.</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>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input checked="" type="checkbox"/> None</p>
<p>If "None," explain:</p>	<p>There were a total of 11 random staff. Ten random staff were accessible for an interview however two of those were interviewed in the specialized staff category.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>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):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

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</p> <p><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</p> <p><input type="radio"/> No</p>
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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).	No text provided.

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.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

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	0	0	0	0
Total	0	0	0	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	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	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	0	0
Total	0	0	0	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	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	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
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<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 type="radio"/> No</p> <p><input checked="" 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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>1</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>1</p>

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

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>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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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>
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<p>Identify the name of the third-party auditing entity</p>	<p>Correctional Management and Communications Group, LLC</p>
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Standards

Auditor Overall Determination Definitions

- 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

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed: Multi-County Juvenile Assistance System Policy Directive (MCJAS) Y-6 Organization Chart; Position Descriptions</p> <p data-bbox="240 398 363 425">Interviews: Agency PREA Coordinator Facility PREA Compliance Manager</p> <p data-bbox="240 528 389 555">Provision (a): 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.</p> <p data-bbox="240 656 1473 846">Policy Directive Y-6 provides guidance on zero-tolerance toward all forms of sexual abuse and sexual harassment. The Directive outlines the facility's approach to preventing, detecting, and responding to such conduct. The Directive includes definitions, including prohibited behaviors regarding sexual abuse and sexual harassment. Sanctions are included for those found to have participated in prohibited behaviors. The PREA and related Directives address prevention and responsive planning; training and education; risk screening; reporting; official response to a resident's report; investigations; discipline; medical and mental care; and data collection and review.</p> <p data-bbox="240 880 1473 1003">Detection of sexual abuse and sexual harassment is addressed through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. Facility practices include but are not limited to responding to sexual abuse and sexual harassment through reporting, investigations, assessments, and disciplinary sanctions for residents and staff based on guidance from the Policy Directive.</p> <p data-bbox="240 1037 379 1064">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.</p> <p data-bbox="240 1160 1473 1283">The interview with the PREA Coordinator and the Position Description confirmed such designation. The Compliance Officer fills the role of providing oversight for PREA compliance and the interview acknowledged understanding. She also indicated she has the time and authority to perform the PREA duties. The PREA Coordinator indicated that she manages her PREA responsibilities with the support of the PREA Compliance Manager.</p> <p data-bbox="240 1317 389 1344">Provision (c): 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 data-bbox="240 1440 1489 1574">The agency has identified PREA Compliance Managers in other facilities operated by the agency and the role of this facility's PREA Compliance Manager is appropriately indicated on the facility's organization chart and in the Position Description. The PREA Compliance Manager indicated she has the time and authority to function in the role. The interviews with random staff supported their knowledge of the role of the PREA Compliance Manager.</p> <p data-bbox="240 1597 373 1624">Conclusion: Based upon the review and analysis of the available evidence, interviews and observing the staff interactions, the Auditor determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Compliance Manager for the facility and a PREA Coordinator for the agency.</p>

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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: MCJAS Directive Y-6</p> <p>Interview: Administrator</p> <p>Provision (a) and (b): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Provision (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>The agency does not contract with other entities to house its residents as confirmed by policy and the interview.</p> <p>Conclusion: Based upon the review and analysis of the available evidence and the interview, the Auditor determined the agency does not contract for the confinement of its residents.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 485 297">Documents Reviewed:</p> <p data-bbox="242 304 628 432">Policy Directive Y-6 Staffing Plan; Staffing Plan Addendum Annual Review of Staffing Plan Unannounced Facility Visitation Forms</p> <p data-bbox="242 463 363 490">Interviews:</p> <p data-bbox="242 497 576 524">Administrator; PREA Coordinator</p> <p data-bbox="242 555 389 582">Provision (a):</p> <p data-bbox="242 589 1477 882">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.</p> <p data-bbox="242 913 1477 1072">The Policy Directive provides details for maintaining the PREA staffing ratios. The camera monitoring system is located in a centralized area among the living units and the cameras are regularly monitored. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Administrator, review of Policy and staffing plan, and observations. The work schedules are based on the staffing plan and staffing plan addendum and facility Policy.</p> <p data-bbox="242 1104 389 1131">Provision (b):</p> <p data-bbox="242 1137 1425 1198">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.</p> <p data-bbox="242 1229 1493 1388">The Directive provides that in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations from the PREA staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan. The Administrator revealed how she reviews the work schedules on a regular basis. The PREA Coordinator discussed her role in the annual review of the staffing plan and random review of the population count to the staff schedule.</p> <p data-bbox="242 1420 389 1447">Provision (c):</p> <p data-bbox="242 1453 1449 1612">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.</p> <p data-bbox="242 1644 1471 1803">The Policy Directive provides for the ratios that ensure the PREA ratios are met. At one point, the population count was capped at eight due to staff shortage. Direct care staff maintain the ratios and ensure the PREA ratios are met. The population count was nine during the site visit and staff to resident ratios were in compliance during the comprehensive site review and subsequent observations. The work schedule supports the staffing plan and there were no deviations to the staffing plan.</p> <p data-bbox="242 1834 389 1861">Provision (d):</p> <p data-bbox="242 1868 1471 1962">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:</p> <ol data-bbox="242 1968 1206 2096" style="list-style-type: none"> (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. <p data-bbox="242 2128 1482 2154">The Policy Directive provides that an annual staffing plan review is conducted and reviewed. The documented review covers</p>

staffing levels, prevailing staffing patterns and the camera system. Documentation of unannounced rounds was reviewed and it was determined that they occur. No corrective actions were identified in the staffing plan review.

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.

The Policy Directive provides for the occurrence of unannounced rounds made by administrative, intermediate and supervisory staff members. The documented rounds show they are collectively made by the staff at various times on all shifts, per Policy. During the unannounced visits assessments are made regarding staff positioning; staff and resident interactions; adherence to program schedule; residents in appropriate locations; checking of blind spots; general safety of plant operations; and other conditions and areas.

The staff conducted the unannounced visit ensures that staff does not alert other staff while the visit is being conducted. The Policy Directive indicates staff will not alert other staff regarding the occurrence of unannounced rounds. Staff members are not informed of the unannounced rounds and staff members are aware of not alerting other staff members regarding the unannounced visits.

During the comprehensive site review an observation was made, followed by a recommendation, to place a security mirror in an area of the chapel which would assist with the line of sight and address a blind spot. A security mirror was purchased and mounted on the wall prior to the completion of this report. The verbal confirmation and a picture was provided to the Auditor by the PREA Compliance Manager, documenting the addition of the security mirror.

Conclusion:

Based upon the review and analysis of the available evidence and the staff interviews, the Auditor determined the facility is adhering to this standard regarding supervision and monitoring.

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 485 300">Documents Reviewed: MCJAS Directive Y-6</p> <p data-bbox="240 398 355 425">Interviews Random Staff Residents</p> <p data-bbox="240 524 389 551">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.</p> <p data-bbox="240 645 1485 801">The Directive prohibits cross-gender strip searches, cross gender pat-down searches and cross-gender visual body cavity searches, unless the cavity search is performed by a medical practitioner in a hospital. There is no evidence of cross-gender searches of any type occurring at the facility. Based on the review of the Pre-audit questionnaire and according to the interviews, no cross-gender searches have been conducted.</p> <p data-bbox="240 837 389 864">Provision (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.</p> <p data-bbox="240 927 1493 1052">The Policy Directive and random staff interviews provide that cross-gender pat-down searches are prohibited. Policy provides directions regarding searches. General searches are conducted by the male staff and all random staff stated a male would be available to conduct the searches. No residents interviewed reported a female staff member conducted a pat-down search of their body. The evidence indicates cross-gender pat-down searches have not occurred at the facility during this audit period.</p> <p data-bbox="240 1088 389 1115">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.</p> <p data-bbox="240 1209 1434 1303">Cross-gender searches of all types are prohibited. Body cavity searches are to be conducted by a licensed medical practitioner at the hospital. The searches are documented. All interviews confirmed that a cross-gender search has not occurred at the facility. The interviews revealed there will always be a male present to conduct the searches as needed.</p> <p data-bbox="240 1339 389 1366">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.</p> <p data-bbox="240 1626 1493 1783">The Policy Directive and practices are implemented and ensure residents are able to shower, change clothes and perform bodily functions without being viewed by the opposite gender. Staff and resident interviews and the information provided during the site review confirmed the practices. Directional signs are posted outside the door of each unit directing female staff to use the button to announce their presence, which was observed and practiced during the comprehensive site review. The Policy Directive also instructs opposite gender staff to announce their presence when entering a living unit.</p> <p data-bbox="240 1818 1493 1975">The evidence shows residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia in accordance with the Policy Directive and the interviews. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard. Viewing of the cameras also confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes. The shower procedures include a reasonable amount of privacy provided for each resident.</p> <p data-bbox="240 2011 389 2038">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 maybe determined during conversations with the resident, by reviewing medical records, or, if necessary,</p>

by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The Directive and staff training prohibit the search of transgender or intersex residents solely for the purpose of determining the resident's genital status and staff interviews verified no such searches have occurred in the past 12 months. If necessary, these type searches will be conducted by licensed medical staff as a part of a broader medical examination conducted in private, according to Policy. Staff interviews confirmed they are aware that Policy prohibits them from conducting a search of transgender or intersex residents solely for the purpose of determining the resident's genital status. The youth will be asked which gender they would prefer to conduct the search.

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 Directive addresses staff training in how to conduct 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 documentation of training and staff interviews support the training is conducted. The evidence shows staff members are trained in how to conduct 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.

Conclusion:

Based on the reviewed documentation, observations and interviews, the facility provides for adherence to the Policy Directive and the standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: MCJAS Directive Y-6; CCF System Directives; Youth Rights/Civil Rights Policy Agreement for American Sign Language and Foreign Language Services Purchase Order Posters and Video in English and Spanish PREA Education Information Sheets in English and Spanish</p> <p>Interviews: Residents Random Staff</p> <p>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 CFR35.164.</p> <p>The Policy Directive addresses the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy also prohibits use of resident readers except in limited circumstances where a resident's safety or the investigation is compromised. Random staff interviews confirmed residents are not used as interpreters or readers for other residents. Observations also revealed structural/physical accessibilities.</p> <p>PREA education is and will be provided to residents based on the required platform. Assistance will be provided by the education or mental health staff, based on the needs of the resident. Resources and contact information to address the disabilities and language barriers are provided by the agency/facility. The agreement for services and purchase order confirms services are available. The PREA information has been translated into Spanish and a PREA video is also in Spanish. The System Directives provide the individual needs and rights of the residents are met.</p> <p>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.</p> <p>The dominant language other than English is Spanish within the population served. The documentation of agreement for services and invoice support that language interpretation services are provided. The facility has PREA materials, including posters, translated in Spanish. The PREA information is also accessible in other languages if needed. The evidence shows that 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. The facility ensures 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 access the professional interpreters who can interpret effectively, accurately, and impartially. The facility did not have any youth present that were limited English proficient during the time of the site review.</p> <p>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.</p> <p>Policy prohibits the use of resident readers and interpreters except when a delay in obtaining interpreter services could jeopardize a resident's safety, first responder actions or the investigation. Staff interviews confirmed residents are not used to</p>

relate PREA information to or from other residents. There were no identified residents in need of interpreter or translation services during the site visit.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard regarding residents with disabilities and residents who are limited English proficient.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed: Policy Directive Y-6 Personnel File Information; Interview Questions Employment Screening Report; National Sex Offender Public Website Information; Diana Screen</p> <p>Interview: Human Resources Administrator</p> <p>Provision (a) & (f): Provision (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. Provision (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>The Directive addresses hiring and promotion processes and decisions and background checks, aligned with the provisions of the standard. The personnel documents show that background checks, including checking the child abuse registry, occur. The Employment Screening Report documents completed background checks. Documentation is also maintained on contractors regarding background checks. The personnel documents reviewed and interview confirm completion of initial background checks and the five-year background checks.</p> <p>The facility's hiring process, completion of background checks, and the grounds for termination are in accordance with the PREA standard. The forms completed and included in the personnel files are responsive to the provisions. All applicants are asked about any prior misconduct involving any sexual activity during the interview process and through the completion of related forms. The documentation, interview and policies support the facility does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse. The facility provides for employees to continually provide full disclosure of any related misconduct.</p> <p>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.</p> <p>The Directive and practice support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means, including incidents of sexual harassment. The interview was aligned with the standard and the personnel documents demonstrate the inquiries made of the potential employee during the application/interview process regarding previous misconduct. The evidence shows the facility considers any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents. Based on the review of the personnel files, records provided during the pre-audit phase, and the interviews, the facility follows these provisions of the standard.</p> <p>Provisions (c) & (d): Provision (c): Before hiring new employees or Provision (d): contractors 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.</p> <p>Background checks, including abuse registry checks, occur prior to residents receiving services from employees, contractors and volunteers The Directive requires that efforts are to be made to contact all prior institutional employers for information of incidents or allegations related to sexual abuse and the information becomes a part of the personnel file.</p>

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. The interview, review of documentation and a review of Y-6 provide details 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.

Staff are required to continually report related misconduct. The Policy Directive provides that the omission of sexual misconduct or providing false information is grounds for termination.

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.

The Policy Directive confirms the facility would provide this information when requested to do so unless prohibited by law. The interview revealed that this has not occurred during this time.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility meets the provisions of the standard regarding hiring and promotion decisions.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview: Administrator</p> <p>There have been no upgrades to the monitoring system and no substantial modification or expansion to the physical plant since the last PREA audit.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: Policy Directive Y-6 Memorandum of Understanding (MOU) and Correspondence – Stark County Compass Rape Crisis Center</p> <p>Interviews: Random Staff Unit Manager/Investigative Staff Administrator Compass Rape Crisis Center Representative</p> <p>Provisions (a) & (b): Provision (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. Provision (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>The Directive supports a uniform evidence protocol will be followed regarding investigations of sexual abuse in accordance with the standard. The Policy provides information regarding the facility-based investigators' responsibility in conducting administrative investigations. The training documentation for the facility-based investigators includes training by the National Institute of Corrections documented by certificates and the investigative interview. The investigator and random staff interviews confirmed awareness of their role in obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. The Policy and MOU support the protocol is developmentally appropriate for youth. The Stark County Sheriff's Office investigates allegations that are criminal in nature and uses an investigator that has received special training in sexual abuse investigations.</p> <p>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 evidentiary 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.</p> <p>Interviews confirmed the call on the 24-hour crisis line, alleging abuse, may activate the operator's notification to obtain a Sexual Assault Nurse Examiner or other qualified practitioner. The agency may also be contacted by the hospital if the resident is taken to the emergency room. The Compass Rape Crisis Center may assist in coordinating a forensic medical examination by contacting their agency resource, if contacted by the victim or facility staff. No forensic examinations have been conducted during this audit period.</p> <p>Provisions (d) & (e): Provision (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. Provision (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.</p> <p>Victim advocacy services have been arranged and are documented in a Memorandum of Understanding with the Compass Rape Crisis Center and correspondence for the updating of the signatures and dates. The hotline was tested during the site review and the operator confirmed services and how they would be provided. The services that will be provided to residents,</p>

as verified, by the representative include but are not limited to hospital accompaniment, crisis intervention services and emotional support. Contact information is posted in the facility and accessible to residents and staff. Information regarding advocacy services is also provided to the residents initially during the intake process and on an ongoing basis, including information regarding what an advocate can and cannot do. An advocate can also be provided through the Mercy Medical Center's Haven Program.

Provisions (f) & (g):

Provision (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. **Provision (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.

Investigations of allegations of sexual abuse that are criminal in nature are conducted by the Stark County Sheriff's Office in accordance with the Policy and the provisions of the standards. The Sheriff's Office uses the appropriate uniform protocol which maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate for youth.

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 Policy provides for a qualified staff or community organization staff member to provide advocacy services to a victim upon request. The facility has a MOU and correspondence that confirms qualified advocacy services.

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="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed: Directive Y-6 Coordinated Response Plan</p> <p data-bbox="242 396 360 425">Interviews: Random Staff Investigative Staff</p> <p data-bbox="242 519 389 548">Provision (a): 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="242 645 1484 837">The Directive directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the Policy requirements as verified through their interviews. The Policy and interviews support the cooperation would be demonstrated between the facility staff and investigators. The facility-based investigators have received the required training as documented by facility training certificates and interview. Allegations that are criminal in nature are referred to the Stark County Sheriff's Office. Allegations are also reported to the child welfare agency.</p> <p data-bbox="242 869 469 898">Provision (b) and (c):</p> <p data-bbox="242 902 1484 1097">Provision (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. Provision (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> <p data-bbox="242 1128 1484 1323">PREA reporting information is located on the facility's website and within the facility, accessible to the public. The posted and other written materials are accessible to residents and staff and others. Electronic information accessible to staff, contractors, volunteers and visitors. The Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained facility investigators. Allegations that are criminal in nature are investigated by a trained investigator from the Stark County Sheriff's Office. The facility Policy describes the responsibilities of both investigative entities.</p> <p data-bbox="242 1355 389 1384">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.</p> <p data-bbox="242 1480 1469 1538">The facility and other investigative agency have policies governing investigations. Training documentation was reviewed by the Auditor of the facility-based investigators.</p> <p data-bbox="242 1570 389 1599">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.</p> <p data-bbox="242 1695 1426 1753">The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p data-bbox="242 1785 373 1814">Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations. Staff members were aware of the investigative entities.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

Directive P-6
Training Curriculum
Training Acknowledgement Statements
PREA Training Log

Interviews:

Random Staff

Provisions (a) and (c):

Provision (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.

Provision (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, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The Directive and training documentation were reviewed and staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse and sexual harassment. The direct care staff members interviewed and Policy verified the general topics in the standard provisions were included in the training. There was one random staff interview that indicated a need for refresher training. The PREA Compliance Manager was informed of the results of the interview and conducted an independent refresher training session with the staff member. Verbal confirmation and documentation of the refresher training session was provided to the Auditor by the PREA Compliance Manager.

Provision (b):

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.

The facility houses males and the training documentation confirms there is consideration of the needs of the population served as also determined by staff interviews.

Provision (d):

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The Policy provides the training is documented which was verified through the review of documentation. A review of documented training included signed acknowledgement statements, certificates; PREA training logs; and electronic records. The training was also verified through staff interviews.

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.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Directive P-44 PowerPoint Training PREA Training Log Training Acknowledgement Statements</p> <p>Interviews: Volunteer; Contractor</p> <p>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.</p> <p>The Policy requires volunteers and contractors who have contact with residents, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of supporting documentation and interviews with the volunteer who provides religious services and a medical contractor verified the training occurs.</p> <p>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.</p> <p>The interview and acknowledgement statements 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 a PREA allegation. The training is based on the services provided by the volunteers and contractors in accordance with Policy. The volunteer stated the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents.</p> <p>Provision (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Signed training acknowledgement statements, supporting that the training was provided and understood. were reviewed. A training log was reviewed which contains the names of volunteers and their PREA training dates. The interviews also support that the training occurs.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of this standard.</p>

115.333	Resident education
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 485 300">Documents Reviewed:</p> <p data-bbox="240 304 638 434">Directive Y-6 Training Acknowledgement Statements Training Materials Agreement for Interpretation Services</p> <p data-bbox="240 497 360 524">Interviews:</p> <p data-bbox="240 528 501 591">Residents Unit Manager/Intake Staff</p> <p data-bbox="240 618 839 645">Observations: Posted PREA information; PREA Brochures</p> <p data-bbox="240 676 481 703">Provisions (a) and (b):</p> <p data-bbox="240 707 1469 806">Provision (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.</p> <p data-bbox="240 810 1477 909">Provision (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 data-bbox="240 936 1481 1196">The Directive provides that all residents admitted receive PREA education initially and are provided more detailed information within 10 days of admission. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. The interviews confirmed that PREA education sessions occur. The results of the staff and resident interviews and a review of the education materials indicated the information provided to the residents is age-appropriate and comprehensive with an array of topics and helpful and preventive information. The residents sign acknowledgement statements confirming their participation in PREA education sessions and receipt of PREA information. A review of documentation showing admission dates and PREA education dates indicate residents' participation in PREA education sessions.</p> <p data-bbox="240 1227 389 1254">Provision (c):</p> <p data-bbox="240 1258 1485 1357">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.</p> <p data-bbox="240 1384 1461 1482">Based on the evidence shown documenting the PREA education sessions and a review of the current residents, all have participated in the required PREA education sessions. Interviews indicate receipt of general information and that residents know how to report allegations.</p> <p data-bbox="240 1509 389 1536">Provision (d):</p> <p data-bbox="240 1541 1453 1603">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.</p> <p data-bbox="240 1630 1477 1890">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. Resource documentation was reviewed for the provision of accommodations and supportive services for residents in the aforementioned areas to be provided as indicated in documents and Directive Y-6. The PREA information is accessible to residents in English and Spanish. Education materials include a PREA video; handbook; posters; brochures; and flyers. Staff interviews confirmed residents are not used as translators or readers for other residents. There were no residents interviewed in a category for a targeted interview.</p> <p data-bbox="240 1921 389 1948">Provision (e):</p> <p data-bbox="240 1953 1187 1980">The agency shall maintain documentation of resident participation in these education sessions.</p> <p data-bbox="240 2011 1485 2141">Signed acknowledgement statements were reviewed which documented the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. PREA educators ensure residents' receipt of the information. A refresher education session was conducted with the residents by the PREA</p>

Compliance Manager regarding the advocacy services available if a resident should need them. The refresher session also reviewed the posted information of what advocates can and cannot do.

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 PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA brochures, booklets and posted information are provided to each resident to assist in eliminating incidents of sexual abuse and sexual harassment. The materials provide information regarding sexual abuse and victims and reporting information. The residents revealed they can report allegations of sexual abuse or sexual harassment in different ways such as telling a staff member; telling a family member who may report the allegation for them; utilize the hotline in the living unit; write a note; or complete a grievance form . Each resident is provided a handbook which contains reporting information. PREA information was observed posted in the various areas, including living units.

Conclusion:

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

115.334	<p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: Directive P-6; Training Certificates; Memorandum of Understanding (MOU)-Stark County Sheriff's Office; Letter of Agreement</p> <p>Interview: Unit Manager/Investigative Staff</p> <p>Provision (a) & (b): Provision (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. Provision (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>The Directive provides for investigations of allegations of sexual abuse that are criminal in nature be conducted by the Stark County Sheriff's Office. Administrative investigations are conducted by trained facility-based investigators. The Directive provides for the investigators to be trained. The investigators have received the regular PREA training as evident through the PREA Training List and interview. The facility-based investigators have received additional training in conducting investigations as confirmed by a review of training records and the investigative staff interview. Online training courses that cover the tenets of the standard, as confirmed by the interview and documentation are through the National Institute of Corrections. The MOU with the Sheriff's Office and Deputy's letter support the training provided for the assigned investigator.</p> <p>Provision (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>Online training courses that cover the tenets of the standard, as confirmed by the interview and documentation are through the National Institute of Corrections. The MOU with the Sheriff's Office and letter of agreement refers to training provided for the assigned investigator.</p> <p>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.</p> <p>The MOU with the Sheriff's Office and letter of agreement support training provided for assigned investigators.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding specialized training for investigations.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 528 297">Documentation Reviewed: Directive P-6 Training Certificates PREA Training List</p> <p data-bbox="242 432 360 459">Interviews: Registered Nurse Counselor</p> <p data-bbox="242 555 389 582">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.</p> <p data-bbox="242 846 1493 1008">The Policy and facility practice provide medical and mental health staff members receive the regular PREA training as well as the specialized training. Training records document specialized training for medical and mental health staff, as well as the general PREA training. The documentation confirms the medical staff completed online health care training through the National Institute of Corrections. The interviews and a review of training documentation confirmed completion of training which includes the provisions of the standard.</p> <p data-bbox="242 1039 389 1066">Provision (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p data-bbox="242 1162 798 1189">Forensic examinations are not conducted at this facility.</p> <p data-bbox="242 1220 389 1247">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.</p> <p data-bbox="242 1344 1442 1406">The training certificates and the interviews with medical and mental health staff confirmed receipt of the required training through the National Institute of Corrections.</p> <p data-bbox="242 1438 389 1464">Provision (d): 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 data-bbox="242 1561 1485 1624">Medical and mental health staff completed the general training that is provided for all employees or contractors as applicable and documented on the PREA Training List and/or acknowledgement statement.</p> <p data-bbox="242 1655 373 1682">Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding specialized training for medical and mental health care.</p>

115.341	Obtaining information from residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 485 300">Documents Reviewed: Directive Y-6; Directive A-26 Vulnerability Assessments Admission Records Vulnerability Re-assessments</p> <p data-bbox="240 465 360 492">Interviews: Counselor (Therapist)/Risk Screener Residents PREA Compliance Manager PREA Coordinator</p> <p data-bbox="240 658 389 685">Provision (a): 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 data-bbox="240 815 1493 972">The Directive provides the risk screening occurs within 72 hours upon arrival to the facility. The resident is interviewed upon arrival to the facility to obtain information about the resident's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The Vulnerability Assessment instrument is used during the admission process. Screening instruments were reviewed by the Auditor which confirmed along with the interview that the screening is conducted within the confines of the Directive.</p> <p data-bbox="240 1008 1222 1034">The documents confirmed there was an attempt to ascertain information such as but not limited to:</p> <ol data-bbox="240 1039 743 1196" style="list-style-type: none"> (1) Prior sexual victimization or abusiveness; (2) Resident's own perception of vulnerability; (3) Level of emotional and cognitive development; (4) Intellectual or developmental disabilities; (5) Physical Disabilities <p data-bbox="240 1232 1477 1321">Medical and mental health screening instruments are also administered in order to obtain information that assists in keeping residents safe and addressing individual needs.</p> <p data-bbox="240 1357 389 1384">Provision (b): Such re-assessments shall be conducted using an objective screening instrument.</p> <p data-bbox="240 1447 1493 1536">The objective screening instrument, Vulnerability Assessment, is used primarily to determine the resident's risk level as a victim or perpetrator. Re-assessments are conducted using the same instrument within 90 days or when an incident occurs or the situation warrants a re-assessment prior to the 90 days.</p> <p data-bbox="240 1572 389 1599">Provision (c): At a minimum, the agency shall attempt to ascertain information about:</p> <ol data-bbox="240 1635 1238 2065" style="list-style-type: none"> (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 resident's 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. <p data-bbox="240 2101 1485 2154">The Auditor reviewed the screening instrument and determined all factors required by this provision of the standard are included. The interview with the Counselor confirmed he is aware of the elements of the risk screening instrument. A one-on-</p>

one interview with the youth, review of court packet; review of other screenings are referenced to obtain the required information. The resident interviews reflected the administration of the Vulnerability Assessment.

Provision (d):

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The information is ascertained through an interview with the resident, probing if needed. The review of completed instruments confirmed the information is ascertained through the resident's interview, reviewing the court packet and related documents. Additional information may be gained through the initial screenings conducted by other staff. Resident interviews revealed the Vulnerability Assessment screening instrument is used during the intake period.

Provision (e):

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.

The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and maintained amongst the administrative, medical and mental health staff. The interview with the Counselor revealed alignment with the Policy. The Auditor observed the files to be maintained in a secure manner in locked file cabinets in a lockable office and online documents are password protected. The facility staff is bound by confidentiality policies; staff acknowledge familiarity with policies through a signed statement.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding screening for risk of victimization and abusiveness.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 300">Documents Reviewed: Directives Y-6, Y-1 Vulnerability Assessment</p> <p data-bbox="240 396 360 425">Interviews: Residents PREA Compliance Manager; PREA Coordinator Counselor (Therapist); Random Staff Administrator</p> <p data-bbox="240 586 389 616">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.</p> <p data-bbox="240 712 1481 871">Directive Y-6 provides guidance to staff regarding the use of the information obtained from the screening instrument. The staff interviews and information obtained through the administration of the screening instrument demonstrate the information is used to assist in determining housing and program and work assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of samples of the completed screening instruments and interview with the Counselor.</p> <p data-bbox="240 902 389 931">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.</p> <p data-bbox="240 1162 1458 1355">Directive Y-1 provides for safety segregation of a resident due to concerns about protection from harm or medical orders. The Directive states this action is non-disciplinary and residents shall have privileges approximating those available in the general population. The Directive also provides that the resident will not be denied large muscle activity or legally required educational programming or special education. Daily visits are required by medical or mental health clinicians and the resident will have access to work opportunities to the extent possible. No residents have been held in safety segregation during this audit period.</p> <p data-bbox="240 1386 389 1415">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.</p> <p data-bbox="240 1545 1490 1673">Directive Y-1 prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing solely based on how the residents identify or their status. The Directive prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. Housing assignments are made on a case-by-case basis.</p> <p data-bbox="240 1704 389 1733">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 the resident's health and safety, and whether the placement would present management or security problems.</p> <p data-bbox="240 1863 1481 2056">The Directive and interviews support that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed in particular or special housing. There were no transgender or intersex residents in the facility during the site visit and this audit period. The interview with the Counselor supported that it would be considered on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Based on the review of documentation and interviews, the evidence shows the facility follows this provision of the standard for all residents.</p> <p data-bbox="240 2087 389 2116">Provision (e): Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each</p>

year to review any threats to safety experienced by the resident.

The Directive provides placement and programming assignments for each transgender or intersex resident to be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident and the staff is aware of the requirement.

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 own safety is taken into account through the administration of the screening instrument and this applies to every resident. The residents confirmed in the interviews, they are asked about their safety concerns. The staff interviews revealed staff members are aware of Directive Y-1 which requires the provisions of the standard.

Provision (g):

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

Directive Y-1 requires transgender or intersex residents be given the opportunity to shower separately from other residents which is also supported by staff interviews. The facility practice is that all residents shower separately.

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.

Directive Y-1 states the decision for a resident placed in segregation must be documented and visited daily where applicable.

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.

Directive Y-1 states the facility will review each resident's situation to determine whether there is a continuing need for separation from the general population every 30 days. No residents were held in segregation due to a PREA related issue during this audit period.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding use of screening information. No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The facility is prepared to provide a safe environment and follow all provisions of the standard regarding transgender and intersex residents.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 304 804 465">Directive Y-6; Memorandum of Understanding Grievance Form; Request for Medical Services Form Student and Parent Handbook; Acknowledgement Form Third Party Reporting Form PREA Education Materials</p> <p data-bbox="240 499 360 526">Interviews:</p> <p data-bbox="240 533 528 692">Random Staff Residents PREA Compliance Manager Therapist Administrator</p> <p data-bbox="240 725 1038 752">Observations: Posted PREA information; PREA related forms; PREA brochures</p> <p data-bbox="240 786 389 813">Provision (a):</p> <p data-bbox="240 819 1430 907">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.</p> <p data-bbox="240 940 1469 1133">Residents may report allegations of sexual abuse and allegations of sexual harassment by telephone through the 24-hour reporting hotline, as confirmed by resident and staff interviews and observations. Related posters, brochures, booklets, and the Student and Parent Handbook provide reporting information to residents. Residents and staff also reported that a resident could tell staff; tell a family member or another third-party and/or complete a grievance form. A Youth Request for Medical Services Form is also maintained on the living unit along with the other forms; this form may also be used to report an allegation if the youth chooses to.</p> <p data-bbox="240 1167 1493 1525">Random staff interviews revealed residents may use the telephone or a grievance form, located on each unit, to privately report sexual abuse and sexual harassment. There are designated locked boxes and forms for depositing the written forms and residents have access to writing materials as observed. The reporting information was also supported by the resident interviews. The telephone was tested during the comprehensive site review and the Auditor was able to reach an operator demonstrating the telephone was in working order and that the operator was responsive. The interview with the operator was aligned with the MOU including that reports of allegations would be routed to the facility and that residents may remain anonymous if requested. While the residents were aware of how to report allegations, they were not as knowledgeable on the advocacy services that were available and that would be provided by the Stark County Rape Crisis Center. The PREA Compliance Manager conducted a refresher education session with all residents, concentrating on the accessible and available victim advocacy services. The training session was documented and the supporting documents were provided to the Auditor, along with verbal confirmation by the PREA Compliance Manager.</p> <p data-bbox="240 1559 1477 1682">Posters are located in the facility visible to residents, staff, contractors and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse and sexual harassment through policies and procedures, training, brochures and staff meetings.</p> <p data-bbox="240 1715 389 1742">Provision (b):</p> <p data-bbox="240 1749 1477 1906">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.</p> <p data-bbox="240 1939 1493 2161">The red telephone present on the living unit designated for residents to report allegations to an outside entity was noticed not to be stationary and could be moved around, including beyond the resident's direct access. A corrective action was implemented by the Administrator and PREA Compliance Manager and the action steps were discussed with the Auditors. The Administrator and PREA Compliance Manager subsequently decided to order new telephones that would be easily stabilized by mounting them on the walls, making the telephones directly accessible to residents at all times. The Auditor was kept abreast of the progress of the installation project and provided pictures of the finished project by the PREA Compliance Manager. The original hotline reporting telephones were still operable and in place while the new telephones were ordered</p>

and installed.

Information is posted explaining how to access agencies. The random staff interviewed revealed staff could use the dedicated telephone to report allegations of abuse. There has been one allegation of sexual harassment during this audit period. The facility does not detain residents solely for civil immigration purposes.

Provision (c):

Staff shall accept reports made verbally, in writing, anonymously, and from third-parties and shall promptly document any verbal reports.

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 immediately document verbal reports as instructed in the Directive. All residents interviewed revealed their familiarity with the provisions of the standard. The residents are aware they may report either in person, in writing, by telephone ("PREA Phone"), completing a grievance form, or through a third-party. The residents are aware third-party reports could be made and that reports can be made anonymously. Staff are aware of their duty to receive and document verbal and third-party reports.

Provision (d):

The facility shall provide residents with access to tools necessary to make a written report.

Writing materials are readily available for residents to complete the accessible forms as observed and indicated by the staff interviewed as well as residents. During the site review, the Auditor observed the residents' accessibility to forms and writing utensils

Provision (e):

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately: use of the hotline telephone or posted numbers, talk directly to Supervisor in private, talk to management or medical staff.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding resident reporting. The residents have multiple internal ways to privately report. Reports can be made verbally, in writing, anonymously, through third parties, and to outside agencies.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 304 549 398">Directive Y-6 Student and Parent Handbook Grievance Form</p> <p data-bbox="240 432 360 459">Interviews:</p> <p data-bbox="240 465 528 591">PREA Compliance Manager Random Staff Residents Administrator</p> <p data-bbox="240 624 389 651">Provision (a):</p> <p data-bbox="240 658 1461 716">An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p data-bbox="240 750 1469 844">The Directive addresses the grievance process and provides that an administrative process is used in dealing with resident grievances. The review of the completed grievance form and response indicated the existence of administrative procedures to address grievances.</p> <p data-bbox="240 878 389 904">Provision (b):</p> <p data-bbox="240 911 1461 1167">(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.</p> <p data-bbox="240 1200 1477 1294">Based on the review of the documentation, evidence shows the facility provides relevant information to the residents and parents/guardians and follows this provision of the standard. The Directive states there is not a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.</p> <p data-bbox="240 1328 389 1355">Provision (c):</p> <p data-bbox="240 1361 557 1388">The agency shall ensure that—</p> <p data-bbox="240 1395 1485 1489">(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.</p> <p data-bbox="240 1523 1469 1603">Based on the review of the Directive, grievance and related documentation, handbook, interviews, and observation of the locked grievance boxes, the facility provides information to the residents regarding the grievance process, including how to file a grievance and the routing of the grievance.</p> <p data-bbox="240 1637 389 1664">Provision (d):</p> <p data-bbox="240 1671 1485 1998">(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.</p> <p data-bbox="240 2031 1477 2157">If a grievance alleges substantial risk of imminent sexual abuse, the Unit Managers and Administrator are notified immediately to respond to the resident immediately upon receipt of the grievance. The grievance activates reporting the allegation for an investigation as required. A grievance was filed by a resident which alleged sexual harassment. Staff responded to the grievance, in writing, within two days. The allegation was reported to the child welfare agency, investigated</p>

and found to be unsubstantiated. The resident filing the grievance was placed on a safety plan as a response to the allegation.

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.

The Handbook and Directive collectively provide that any person can assist in filing requests for administrative remedies relating to the allegations of sexual abuse and/or sexual harassment. The residents interviewed were aware of the availability of third-party assistance.

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 5 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.

The Directive serves as a guideline for the grievance process, including the allowance for the filing of an emergency. In accordance with policy, an initial response is provided within 48 hours. A grievance was filed by a resident alleging another youth exposed himself and made inappropriate comments to him. The documents show an investigator with the Cuyahoga County Division of Children and Family Services-Medical/Special Investigations conducted an investigation and an interview with the resident within 48 hours regarding his allegations. As a result of the investigation, the allegations were unsubstantiated. A final agency decision was issued in a written report before five calendar days. The resident received notification of the results of the investigation and the resolution to his grievance within three days of the incident occurring.

Provision (g):

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.

A resident who files a false report of sexual abuse or sexual harassment may receive consequences only if it is determined the grievance was filed in bad faith, as supported by the policy.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard regarding exhaustion of administrative remedies.

115.353	Resident access to outside confidential support services and legal representation
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed: Directive Y6; Memorandum of Understanding (MOU), Compass Rape Crisis Center Student and Parent Handbook Posted Information PREA Education Materials</p> <p data-bbox="242 463 363 492">Interviews: Residents/Targeted Interview PREA Compliance Manager</p> <p data-bbox="242 589 387 618">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.</p> <p data-bbox="242 844 1493 1072">Contact information for advocacy services is a part of the PREA education sessions. Information is also provided through signs and posters. Information is posted providing information on what an advocate can and cannot do. The resident interviews indicated a refresher education session was needed regarding the services available from the advocacy agency. A refresher session was conducted by the PREA Compliance Manager. The hotline telephone was observed in the living unit and the contact information for services from the advocacy agency was posted to report allegations or request advocacy services. The hotline number was tested and observed to be in working order and the operator was responsive and understood her role. The posted information addresses confidentiality which is also addressed in PREA education.</p> <p data-bbox="242 1104 389 1133">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.</p> <p data-bbox="242 1229 1485 1288">Confidentiality is covered in the PREA education sessions and is contained in the posted information regarding the advocacy services and information which states what an advocate can and cannot do.</p> <p data-bbox="242 1319 389 1348">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.</p> <p data-bbox="242 1476 1493 1603">A MOU exists between the facility and Compass Rape Crisis Center for the provision of advocacy services, including: emotional support; accompaniment through the medical forensic examination; accompaniment through the investigatory interview; crisis intervention services; options for resources; follow-up services; and 24-hour hotline and telephone counseling services.</p> <p data-bbox="242 1635 389 1664">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.</p> <p data-bbox="242 1760 1485 1989">The resident and Administrator interviews and Student Parent Handbook confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by Directive Y-6. The site review revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated family could visit and telephone calls are allowed. The residents provided the days and times of visitation and telephone calls. The Administrator confirmed the facility would provide residents with reasonable and confidential access to their attorney where indicated and/or court representatives and reasonable access to parents or legal guardians. The facility has space to accommodate visitation and confidential visits.</p> <p data-bbox="242 2020 373 2049">Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance with this standard.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 485 300">Documents Reviewed:</p> <p data-bbox="242 306 660 365">Directive Y-6; Third Party Reporting Form Website</p> <p data-bbox="242 398 360 425">Interviews:</p> <p data-bbox="242 432 384 490">Random Staff Residents</p> <p data-bbox="242 524 389 551">Provision (a):</p> <p data-bbox="242 557 1398 616">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 data-bbox="242 647 1485 840">The Directive addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and indicated the information will be accepted and reported. Staff members reported they are to immediately document all verbal reports received. Information regarding reporting is posted on the facility's website and maintained in the visitation room. There is a Third Party Reporting Form on the website and a person may also complete an electronic form on the website and email it to the agency's PREA Coordinator. Reporting information is posted in various areas of the facility accessible to visitors, staff and residents.</p> <p data-bbox="242 871 1485 1032">All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents revealed their knowledge of third-party reporting. The residents collectively identified the methods within the facility in which they may make third-party reports such as file a grievance, report to staff or a family member who may report for them, or utilize the abuse reporting hotline telephone.</p> <p data-bbox="242 1064 373 1090">Conclusion:</p> <p data-bbox="242 1097 1402 1155">Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance regarding third-party reporting.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: Directive Y-6 Code of Ethics Acknowledgement Statements Training Curriculum</p> <p>Interviews: Random Staff Nurse Therapist Administrator</p> <p>Provision (a) and (b): Provision (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. Provision (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>The Directive addresses provisions of the standard including providing 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 and according to mandatory reporting laws of the State. The Directive includes for staff to report allegations that were made anonymously or by a third-party. Trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Stark County Sheriff's Office. Allegations of sexual abuse are also reported to the child welfare agency. Acknowledgement statements are signed and dated by staff indicating their understanding of the related policies. A review of forms for reporting and documenting allegations demonstrate information reported to staff will be documented and reported to the appropriate authorities. Staff members are instructed to report all allegations of sexual abuse or sexual harassment.</p> <p>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.</p> <p>The Directive and Code of Ethics support that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except to those persons required to make treatment, investigation, security or administrative decisions. Providing information is based on the need to know. Staff members sign an acknowledgement and are expected to abide by the confidentiality requirements of the facility. The interviews indicated knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions and as provided in the Directive.</p> <p>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.</p> <p>The medical and mental health staff interviewed indicated that residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters and required to report allegations of sexual abuse.</p> <p>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</p>

the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The Directive and interviews support that allegations of sexual abuse will be made to the Administrator and Chief Operations Officer. Allegations of sexual abuse are also reported to the child welfare agency and all related information will be provided. Policy also provides that parents and others be notified within and outside of the facility and the notifications are aligned with the standard. The interview with the Administrator confirmed if the resident is under the custody of the child welfare agency, the case worker will be notified.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The Directive provides for all allegations to be reported. All allegations will be reported to the investigative entity as well. Third-party and anonymous reports received must be reported and documented by staff as confirmed through staff interviews. The Directive and interviews indicate that all allegations will be reported to the investigative entities. There was one allegation of youth-on-youth sexual harassment during this audit period. The allegation was investigated in accordance with Policy and was determined to be unsubstantiated.

Conclusion:

The interviews with the staff members revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 485 297">Documents Reviewed: Directive Y-6 Grievance Form; Request for Services Forms Vulnerability Assessment</p> <p data-bbox="242 430 799 456">Interviews: Agency Head; Administrator; Random Staff</p> <p data-bbox="242 488 389 515">Provision (a): 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 data-bbox="242 611 1485 806">The facility's Policy requires staff to take immediate action to protect the residents. The staff interviewed collectively stated they would immediately separate the residents, maintain closer supervision, and inform other staff including management and supervisors of the risk. Administration of the Vulnerability Assessment provides information that assists and guide staff in keeping residents safe through housing and program assignments. The additional and supplemental instruments provide information which offer more insight and background in determining the risk level of each resident. The unit contains forms requesting services; these forms may also be used for a resident to report a risk or provide the opportunity to meet with staff.</p> <p data-bbox="242 837 1458 1064">If information is received in a grievance that a resident is subject to a substantial risk of imminent sexual abuse the Administrator and/or Unit Manager is immediately contacted per the Directive. There was no resident identified to be at substantial risk of imminent sexual abuse in the past 12 months. The interviews with the residents revealed that during the intake process they are asked about how they feel about their safety as part of the inquiries by staff completing paperwork and follow-up checks by the staff. Screening instruments support the information provided by residents. The resident that filed a grievance referencing inappropriate sexual conduct by another resident was put on a Safety Plan to ensure the resident's safety after he reported the allegation.</p> <p data-bbox="242 1095 373 1122">Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding agency protection duties.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed: Directive Y-6</p> <p>Interviews: Administrator; Agency Head</p> <p>Provisions (a), (b), (c), and (d): Provision (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. Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Provision (c): The agency shall document that it has provided such notification. Provision (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>The Directive provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Administrator will notify the agency/facility where the alleged abuse occurred and County child welfare agency. Notification is to be made as soon as possible but no longer than 72 hours after receiving the information, in accordance with policy. The notification must be documented in accordance with the Directive. The Administrator is familiar with the Directive regarding such situation. In the past 12 months, there were no allegations of sexual abuse occurring at another facility received by this facility.</p> <p>Conclusion: Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard regarding reporting to other confinement facilities.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 485 297">Documents Reviewed:</p> <p data-bbox="242 306 633 398">Directive Y-6 PREA Incident Initial Contact Checklist PREA Report</p> <p data-bbox="242 432 363 459">Interviews:</p> <p data-bbox="242 465 384 492">Random Staff</p> <p data-bbox="242 521 389 548">Provision (a):</p> <p data-bbox="242 555 1453 616">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 data-bbox="242 622 1490 882" 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 data-bbox="242 913 1461 974">The Directive and training provide that upon learning of an allegation that a resident was sexually abused the first security-level staff member to respond to the report shall be required to take immediate action that includes but is not limited to:</p> <ol data-bbox="242 981 1157 1106" style="list-style-type: none"> a. Separate the alleged victim and abuser; b. Preserve and protect the scene and physical evidence; c. Request that the alleged victim not take any actions that could destroy physical evidence; d. Provision of non-punitive protective housing, if needed. <p data-bbox="242 1137 1453 1296">The interviews confirmed awareness of first responder duties and the training provided. The PREA Incident Initial Contact Checklist; Escort Transport Checklist; PREA Incident Supervisor Checklist, among other related data gathering tools are immediately accessible to staff and completed if there is an allegation of sexual abuse. In case there is an allegation of sexual abuse, these forms will serve as a helpful guide to staff and serve as required documentation. There were no allegations or incidents where staff had to act as a first responder during the last 12 months.</p> <p data-bbox="242 1328 389 1355">Provision (b):</p> <p data-bbox="242 1361 1490 1422">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 data-bbox="242 1453 1481 1545">The Directive provides that non-security staff who may act as a first responder alert a supervisor, apply first aid if necessary, and request that physical evidence be preserved. There were no allegations or incidents where a non-security staff member had to act as a first responder in the last 12 months.</p> <p data-bbox="242 1576 373 1603">Conclusion:</p> <p data-bbox="242 1610 1485 1671">Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding staff first responder duties and would respond accordingly, based on policy and training.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 306 836 365">Directive Y-6 Plan for Coordinated Response to Sexual Abuse or Assault</p> <p data-bbox="240 398 360 425">Interviews:</p> <p data-bbox="240 434 384 490">Random Staff Administrator</p> <p data-bbox="240 524 389 551">Provision (a):</p> <p data-bbox="240 560 1453 618">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 mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="240 647 1458 741">The facility has developed a written institutional plan to coordinate actions to be taken in response to an incident of sexual abuse. The charted format outlines the protocols, in sections, to be followed by identified staff, which include facility leadership and management; first responders; and clinical staff.</p> <p data-bbox="240 770 1484 864">The institutional plan is aligned with the information in the Directive and the standard regarding the response to an allegation or incident of sexual abuse. The plan and Directive include the involvement of identified staff members. The interviews revealed staff members are aware of their duties in response to an incident of sexual abuse or sexual assault.</p> <p data-bbox="240 898 373 925">Conclusion:</p> <p data-bbox="240 934 1453 992">Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview: Agency Head</p> <p>Documentation: Agreement between the Fraternal Order of Police, Ohio Labor Council, Inc. and the Multi-County Juvenile Attention System</p> <p>The Agreement supports that neither the agency or any other governmental entity responsible for collective bargaining on the agency's behalf will enter into or renew any collective bargaining agreement or other agreement which limits the agency's ability to remove alleged staff sexual abusers from contact with youth, pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There is nothing in the standard provisions that restrict entering into or renewal of agreements. The Agreement is effective 2/20/2020 through 2/20/2023.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 300">Documents Reviewed:</p> <p data-bbox="240 304 826 432">Directive Y-6 System Directive P-4 PREA Incident Initial Contact Checklist Sexual Abuse and Sexual Retaliation Monitoring Checklist</p> <p data-bbox="240 461 360 490">Interviews:</p> <p data-bbox="240 495 528 555">PREA Compliance Manager Administrator; Agency Head</p> <p data-bbox="240 584 389 613">Provision (a):</p> <p data-bbox="240 618 1414 745">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="240 775 1493 938">The Directives provide guidance on the protection of all residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The PREA Compliance Manager is responsible for retaliation monitoring and revealed familiarity with her role through the interview. Documentation of retaliation monitoring was provided regarding a resident who alleged inappropriate sexual behavior by another resident.</p> <p data-bbox="240 967 389 996">Provision (b):</p> <p data-bbox="240 1001 1489 1097">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> <p data-bbox="240 1126 1477 1290">Directive Y-6 and interviews collectively identify protective measures such as housing changes, transfers and emotional support services. A checklist has been developed to document and track retaliation monitoring and it is aligned with the Directive and standard. The PREA Compliance Manager is identified as the retaliation monitor and there is evidence of retaliation monitoring. Protective measures include housing changes and staff shift assignments. A Safety Plan is also used as a protective measure which provides for a level of closer supervision by staff.</p> <p data-bbox="240 1319 389 1348">Provision (c):</p> <p data-bbox="240 1352 1493 1581">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 such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="240 1610 1473 1805">Directive Y-6 provides that retaliation monitoring will be conducted for at least 90 days or longer if needed. According to the PREA Compliance Manager, the monitoring will continue for as long as deemed necessary. The Directive includes the following would be monitored: housing changes; disciplinary reports; work schedule changes; negative job performances; youth disciplinary reports and other situations. Although retaliation monitoring has occurred, there have been no incidents of retaliation identified during the 12 months preceding the audit.</p> <p data-bbox="240 1834 389 1863">Provision (d):</p> <p data-bbox="240 1868 1059 1897">In the case of residents, such monitoring shall also include periodic status checks.</p> <p data-bbox="240 1926 1449 2022">The retaliation monitoring process is designed for periodic status checks, according to the interview with the PREA Compliance Manager and the review of documentation. The status checks are documented on the Retaliation Monitoring form and the timelines are included on the form.</p> <p data-bbox="240 2051 389 2080">Provision (e):</p> <p data-bbox="240 2085 1481 2145">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.</p>

The monitoring of other individuals who cooperate with an investigation will occur if they express fear of retaliation from another resident or staff member. The interviews indicate that the retaliation monitoring would be implemented as required.

Provision (f):

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The facility's obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding agency protection against retaliation. It is concluded that if the facility were to have an incident of retaliation, the PREA Compliance Manager will employ protection measures and monitor as long as indicated.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: Directive Y-6 System Directive Y-1</p> <p>Interviews: Administrator Therapist Nurse</p> <p>Provision (a): Any 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>The Directives provide for the use of segregation. Directive Y-1 provides for safety segregation of a resident due to concerns about protection from harm or medical orders. The Directive states this action is non-disciplinary and residents shall have privileges approximating those available in the general population. Additionally, the Directive provides that the resident will not be denied large muscle activity or legally required educational programming or special education. Daily visits are required by medical or mental health clinicians and the resident will have access to work opportunities to the extent possible. According to the Administrator, segregation would be used as a last resort and only until an alternative could be arranged to keep the resident safe. No residents have been held in safety segregation during this audit period.</p> <p>Conclusion: Based upon the observations and interviews, the Auditor determined the facility is compliant with this standard regarding post-allegation protective custody.</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 485 300">Documents Reviewed: Directive Y-6; Investigative Report</p> <p data-bbox="240 362 360 389">Interviews: Unit Manager/Investigative Staff Random Staff</p> <p data-bbox="240 488 389 515">Provision (a): 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 data-bbox="240 613 1485 801">The Directive supports all incidents of alleged sexual abuse or sexual harassment are addressed through the appropriate investigation. The facility-based investigators conduct administrative investigations and allegations that are criminal in nature are investigated by the Stark County Sheriff's Office confirmed by the Directive, MOU with Sheriff's Office and interviews with the facility-based investigator and random staff. Reports are also made to the child welfare agency. The one allegation of youth-on-youth sexual misconduct was investigated by the Cuyahoga County Division of Children and Family Services-Medical/Special Investigations.</p> <p data-bbox="240 837 469 864">Provision (b) and (c): Provision (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. Provision (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.</p> <p data-bbox="240 1061 1493 1182">The Auditor reviewed the training certificates representing specialized training for the facility-based investigators and the MOU and letter of agreement indicate that the assigned investigator from the Stark County Sheriff's Office will be trained. The MOU with the Stark County Sheriff's Office refers to the specialized training of the assigned investigator. The interview with the facility-based investigator was aligned with the standard.</p> <p data-bbox="240 1218 389 1245">Provision (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p data-bbox="240 1308 1474 1366">The Directive and training provide that no investigation is terminated solely because the source of the allegation recants the allegation. The interview with the investigator confirmed this premise.</p> <p data-bbox="240 1402 389 1429">Provision (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutor's as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p data-bbox="240 1559 1453 1617">The facility-based investigators do not conduct investigations that are criminal in nature. The Stark County Sheriff's Office investigator will consult with the prosecutor's office as needed, as a result of an allegation that is criminal in nature.</p> <p data-bbox="240 1653 389 1680">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.</p> <p data-bbox="240 1841 1477 1962">The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not be determined by the person's status as a resident or staff, in accordance with the Directive, training and the interview. 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.</p> <p data-bbox="240 1998 485 2024">Provisions (g) and (h): Provision (g): Administrative Investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (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. Provision (h): Criminal Investigations: Shall be documented in</p>

a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The Directive provides guidance the considerations of administrative and criminal investigations. The Directives support the efforts in these provisions of the standard. The MOU is aligned with the Directive regarding criminal investigations. All investigations are completed with written reports. The written investigative report contained detailed information. The administrative investigation contained detailed information and statements. The documentation indicate cooperation with the investigation while being investigated by the Cuyahoga County Division of Children and Family Services.

Provision (i):

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

Directive Y-6 provides that all allegations that are criminal in nature are referred to the Stark County Sheriff's Office. The responsibility to refer for prosecution lies with the Sheriff's Office. Allegations of sexual abuse are also reported to the child welfare agency.

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 documents are retained in accordance with this provision as stated in Directive Y-6.

Provision (k):

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.

The investigative staff interview supports that upon the start of an investigation, it will not end until the investigation has been completed.

Provision (l):

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The investigative agencies are aware of the PREA standards requirements. The MOU with the Sheriff's Office confirms the use of a uniform evidence protocol will be followed that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The Policy Directive, agency requirements for Cuyahoga County Division of Children and Family Services, and MOU with the Stark County Sheriff's Office support that the protocols are developmentally appropriate for youth.

Provision (m):

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.

Facility staff will cooperate with outside investigators and request to remain informed about the progress of the investigation, as provided in Directive Y-6. The Administrator assures that communication is maintained throughout the investigation with the investigation entity. The documentation demonstrates ongoing communication during the investigation conducted by the Cuyahoga County Division of Children and Family Services-Medical/Special Investigations. The investigation resulted in findings of unsubstantiated.

Conclusion:

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Directive Y-6 Training Certificates</p> <p>Interview: Investigative Staff</p> <p>Provision (a): 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 Directive, investigation training and interview provide that no standard higher than a preponderance of the evidence be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Conclusion: Based upon the review and analysis of the Directive, training documentation and interview, the Auditor determined the facility is compliant with this standard.</p>

115.373	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 485 300">Documents Reviewed: Directive Y-6; Youth Notification Form</p> <p data-bbox="240 362 360 389">Interviews: Investigative Staff Administrator</p> <p data-bbox="240 488 389 515">Provision (a): 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 data-bbox="240 613 1465 703">The Directive addresses the resident being informed when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The resident is informed of the results of an investigation by facility staff and the notification is documented on the Youth Notification Form.</p> <p data-bbox="240 734 389 761">Provision (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p data-bbox="240 860 1465 985">The interviews supported that communication is maintained throughout the investigation conducted by an outside entity. A report is provided and the resident is notified of the results of the investigation utilizing the Youth Notification Form. The documentation related to the investigation reveal the communication among facility staff and between facility staff and the investigator from the child welfare agency.</p> <p data-bbox="240 1016 389 1043">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:</p> <ol data-bbox="240 1115 1433 1240" style="list-style-type: none"> (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. <p data-bbox="240 1272 1433 1361">The Youth Notification Form requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:</p> <ol data-bbox="240 1375 1193 1500" style="list-style-type: none"> a. The staff member is no longer assigned 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 within the facility; or d. The staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 1532 389 1559">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:</p> <ol data-bbox="240 1630 1449 1693" style="list-style-type: none"> (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. <p data-bbox="240 1724 1433 1783">The Youth Notification Form provides that following a resident's allegation that he has been sexually abused by another resident the alleged victim shall be subsequently informed whenever:</p> <ol data-bbox="240 1796 979 1850" style="list-style-type: none"> a. The alleged abuser is criminally charged related to the sexual abuse; or b. The alleged abuser is adjudicated on a charge related to sexual abuse. <p data-bbox="240 1881 389 1908">Provision (e): All such notifications or attempted notifications shall be documented.</p> <p data-bbox="240 1975 1382 2029">The Directive and practice provide that all such notifications or attempted notifications are documented. The Youth Notification form is used for this purpose as evident regarding the sexual harassment investigation.</p> <p data-bbox="240 2060 389 2087">Provision (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p>

The Directive provides the facility's obligation to report under this standard terminates if the resident is released from the facility's custody.

Conclusion:

The interviews confirmed the requirements of the Directive and their knowledge of the process of reporting to a resident regarding the outcome of an investigation. Based on the review and analysis of the available documentation and interviews, the Auditor determined the facility is compliant with this standard regarding reporting to residents.

115.376	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: Directive Y-6 Directive P-27</p> <p>Interview: Administrator</p> <p>Provision (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The Directives provide that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.</p> <p>Provision (b): Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>Directive Y-6 provides that termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>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.</p> <p>The Directive provides that disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There have been no violations of the PREA policies by staff during this audit period.</p> <p>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.</p> <p>Directive Y-6 provides that terminations for violations of the facility's sexual abuse or sexual harassment policies will be reported to law enforcement, unless the activity is clearly not criminal. In addition, it shall be reported to relevant licensing bodies. No staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies.</p> <p>Conclusion: Based upon the review of the Directives and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.377	<p data-bbox="229 69 1509 1182">Corrective action for contractors and volunteers</p> <p data-bbox="229 129 1509 192">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 197 1509 259">Auditor Discussion</p> <p data-bbox="229 264 1509 327">Document Reviewed: Directive Y-6</p> <p data-bbox="229 331 1509 394">Interview: Administrator</p> <p data-bbox="229 398 1509 551">Provision (a): 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 data-bbox="229 555 1509 707">The Directive provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. Training records revealed the facility provides contractors and volunteers a clear understanding that sexual misconduct with a resident is prohibited. The training is acknowledged through a signed statement.</p> <p data-bbox="229 712 1509 792">During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.</p> <p data-bbox="229 797 1509 913">Provision (b): 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 data-bbox="229 918 1509 1034">The facility will take the appropriate remedial measures, and consider whether to prohibit further contact with residents if there are violations of other PREA related policies as inferred by the interview and Directive. In the past 12 months, no contractor or volunteer was reported for allegations of sexual abuse or sexual harassment.</p> <p data-bbox="229 1039 1509 1182">Conclusion: Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 549 362">Document Reviewed: Directive Y-6 Student and Parent Handbook</p> <p data-bbox="240 398 379 488">Interviews: Administrator Therapist</p> <p data-bbox="240 524 1477 645">Provision (a): 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 data-bbox="240 680 1477 837">The Directive provides that dealing with rule violations and disciplinary sanctions are pursuant to an administrative hearing. According to the interview with the Administrator and documents, sanctions are directly related to the seriousness of the negative behavior which can include removal from the program. Documentation revealed that sanctions are applied after administrative proceedings regarding a major rule violation.</p> <p data-bbox="240 873 1477 1097">Provision (b): 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 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.</p> <p data-bbox="240 1133 1477 1254">The Directive, Student and Parent Handbook and interviews collectively provide that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, similar histories of other residents and consideration of mental disabilities or mental illness contributing to the behavior. If seclusion is used as a sanction, residents will have access to programs and work opportunities to the extent possible.</p> <p data-bbox="240 1290 1436 1379">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.</p> <p data-bbox="240 1415 1458 1505">The disciplinary and other processes within the program 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. This was confirmed by the interview.</p> <p data-bbox="240 1541 1484 1729">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.</p> <p data-bbox="240 1765 1477 1921">The facility would consider whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation, as affirmed by the interview with the Therapist and Directive. Additionally, the facility will not require participation in such interventions as a condition to access the rewards-based behavior management system or access programming or education.</p> <p data-bbox="240 1957 1493 2047">Provision (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="240 2083 1452 2136">A resident may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p>

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In accordance with the Student and Parent Handbook, when an allegation is unsubstantiated a resident that made the report of sexual abuse in good faith, will not constitute false reporting or lying.

Provision (g):

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.

The facility prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action. Referrals are made to the investigative entities and court processes occur after determination the sexual activity was coerced.

Conclusion:

There have been no administrative or criminal findings of resident-on-resident sexual abuse in the past 12 months. Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed: Directive CCF-2 Vulnerability Assessment Consent to Disclose Information for Youth Age 18 and Over</p> <p>Interviews: Nurse Therapist</p> <p>Provision (a) and (b):</p> <p>Provision (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. Provision (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.</p> <p>The Directive provides that residents who indicate during initial screening being a victim or perpetrator of sexual abuse, will be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. The Therapist conducts the screening for risk of victimization and abusiveness and conducts the mental health evaluation. The Directive informs that the meeting is held within 14 days. A review of such documentation revealed that the meeting occurred within 24 hours and was verified through the targeted interview.</p> <p>Provision (c):</p> <p>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.</p> <p>The Directive supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be limited to medical and mental health providers and other staff as required to inform treatment plans and security management decisions. The Auditor observed the resident files maintained in a secure manner in a locked file cabinets in the lockable office of the PREA Compliance Manager.</p> <p>Provision (d):</p> <p>Medical and mental health practitioners shall 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.</p> <p>The form, Consent to Disclose Information for Youth Age 18 and over may be used to document such occurrence. The facility reports that during the past 12 months, no residents disclosed prior victimization during the screening process.</p> <p>Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding medical and mental health screenings, and history of sexual abuse.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed: Directive Y-6; MOU-Compass Rape Crisis Center</p> <p>Interviews: Nurse Therapist Operator, Compass Rape Crisis Center</p> <p>Provision (a): 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>The Directive and interviews support the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services, and advocacy services. The victim would be provided a forensic medical examination by a Forensic Nurse Examiner or other qualified practitioner at the Mercy Medical Center. Advocacy services will be provided by the Compass Rape Crisis Center per the MOU. The services were also confirmed through the telephone interview with an operator/representative from COMPASS during the comprehensive site review.</p> <p>The interviews with the facility's Nurse and Therapist revealed the medical and mental health services are determined according to the professional judgment of the practitioners. Residents are informed of clinical services during the intake process. Documents demonstrate residents' access to medical services. The residents have access to request forms on the living unit. Observations and a review of documents revealed that medical and mental health staff members maintain secondary materials and documentation of resident encounters. There have been no allegations of sexual abuse in the past 12 months.</p> <p>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.</p> <p>The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. The Directive and the written coordinated response plan provide guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. A review of the written plan; observations of the interactions among residents and medical and mental health practitioners; and the interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse. Mental health services will be client-driven and the resident would be seen as often as needed. Follow-up medical services will include continual treatment of physical injuries and the resident will be seen by the physician. Referrals for medical and/or mental health services in the community will be recommended and obtained as needed.</p> <p>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> <p>The Directive and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff. The Nurse has access to the the local health department for services. The facility houses males only.</p> <p>Provision (d): 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>Medical treatment services will be provided to the victim without financial cost to the victim. There are no considerations of whether to charge the victim; expenses will be billed to the facility.</p>

Conclusion:

The Directive, MOU and interviews revealed emergency services will be provided by medical and mental health staff and the community agencies. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 472 297">Document Reviewed: Directive Y-6</p> <p data-bbox="240 360 360 387">Interviews: Nurse Therapist Administrator</p> <p data-bbox="240 517 389 544">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.</p> <p data-bbox="240 645 1489 736">The Directive and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate.</p> <p data-bbox="240 770 389 797">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.</p> <p data-bbox="240 925 1442 1016">Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate. Services may include but not limited to evaluations; counseling; follow-up sessions for medical care; and referrals. Support services may also be provided by the victim advocacy agency.</p> <p data-bbox="240 1050 389 1077">Provision (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="240 1140 1489 1198">Observations, Directives and interviews revealed medical and mental health services are consistent with the community level of care.</p> <p data-bbox="240 1232 389 1258">Provision (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p data-bbox="240 1321 691 1348">The facility does not house female residents.</p> <p data-bbox="240 1382 389 1408">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.</p> <p data-bbox="240 1503 691 1529">The facility does not house female residents.</p> <p data-bbox="240 1563 389 1590">Provision (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="240 1684 1434 1742">The interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Services are also accessible through the local health department.</p> <p data-bbox="240 1776 389 1803">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.</p> <p data-bbox="240 1897 1283 1924">All treatment services will be provided at no cost to the victim, according to the system's Policy Directive.</p> <p data-bbox="240 1957 389 1984">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.</p> <p data-bbox="240 2078 1415 2136">The Directive provides for a mental health evaluation be conducted within 60 days of learning of a known resident-on-resident abuser, and appropriate treatment offered. According to the interview, the mental health evaluation would be</p>

conducted almost immediately after learning the information.

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
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed: Directive Y-6 Incident Review Checklist</p> <p data-bbox="240 398 360 425">Interviews: Unit Manager/Incident Review Team Member Administrator; PREA Compliance Manager</p> <p data-bbox="240 521 387 548">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.</p> <p data-bbox="240 645 1490 804">The Directive requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is substantiated or unsubstantiated. A review of the Directive, incident review documentation and interviews confirmed incident reviews are conducted regarding the investigation of allegations of sexual abuse or sexual misconduct. There was one allegation of sexual harassment or sexual misconduct during this audit period and an incident review was conducted. The investigation findings deemed the allegation as unsubstantiated.</p> <p data-bbox="240 837 387 864">Provision (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 927 1469 1021">The Directive requires that the incident reviews occur within 30 days of the conclusion of the investigation. It was confirmed through policy, interviews and documented practice that incident reviews must occur within 30 days of the conclusion of an investigation in accordance with the Directive and standard regarding investigations of sexual abuse.</p> <p data-bbox="240 1055 387 1081">Provision (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1178 1461 1303">The Directive identifies the incident review team members as the Administrator; Unit Managers; and PREA Compliance Manager; with input from line or other staff involved in the investigation. The interview with the Unit Manager confirmed the requirement of the Directive and that input would be obtained from the appropriate staff.</p> <p data-bbox="240 1337 387 1364">Provision (d): The review team shall:</p> <ol data-bbox="240 1397 1490 1794" style="list-style-type: none"> (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. <p data-bbox="240 1827 1461 1986">The Directive outlines the requirements of the standard for the areas to be assessed by the incident review team which is documented in the meeting minutes. The interviews, review of the Directive confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation. The Directive and interview support documentation of the meeting, including recommendations would occur where warranted. The meeting minutes reflect no recommendations made.</p> <p data-bbox="240 2020 387 2047">Provision (e): The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p data-bbox="240 2110 1461 2136">The Directive provides that a report with recommendations be prepared. Documentation of whether the recommendations</p>

were implemented and reasons for not implementing them are to be documented as well. An incident review team meeting was held during this audit period; there were no recommendations made in the meeting minutes.

Conclusion:

Based upon the Policy and interviews, the Auditor determined the facility is compliant with this standard regarding sexual abuse incident reviews.

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed: Directive Y-6 Annual Reports</p> <p data-bbox="242 396 360 425">Interviews: PREA Compliance Manager Administrator</p> <p data-bbox="242 519 458 548">Provisions (a) & (c): 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. 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 data-bbox="242 710 1458 871">A review of the agency's collection of data instruments and definitions and the facility's maintenance of data demonstrates that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice. The Survey of Sexual Violence has been completed. The Directive outlines collecting accurate uniform data for every allegation of sexual abuse and the requirements of the annual report for aggregated data.</p> <p data-bbox="242 902 389 931">Provision (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 994 1476 1088">The review of the annual report and data gathering instruments and other documents confirm the agency is prepared to and does collect incident-based, uniform data regarding allegations of sexual abuse and sexual harassment at least annually. There was one PREA related allegation during this audit period and the reports represent such.</p> <p data-bbox="242 1120 389 1149">Provision (d): 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-bbox="242 1243 1469 1337">The facility maintains and collects various types of identified data and related documents regarding PREA and provides the information as required. The facility collects and maintains data in accordance with agency Directives and requirements of the Ohio Department of Youth Services (ODYS). All PREA related data is also provided to ODYS.</p> <p data-bbox="242 1368 389 1397">Provision (e): 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 data-bbox="242 1491 946 1520">The facility does not contract with other facilities to house its residents.</p> <p data-bbox="242 1552 389 1581">Provision (f): 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 data-bbox="242 1675 1469 1733">The facility provides all such data from the previous calendar year to the Department of Justice no later than June 30, upon request.</p> <p data-bbox="242 1765 373 1794">Conclusion: Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard regarding data collection.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: MCJAS Y-6 Annual Reports</p> <p>Interviews: Administrator; Agency Head Agency PREA Coordinator Facility PREA Compliance Manager</p> <p>Provisions (a)-(d): The Directive supports the review of data collected and aggregated in order to improve the PREA efforts. The aggregated data would be reviewed to assess and improve the effectiveness of the PREA related initiatives by identifying problem areas; developing and implementing corrective actions where needed; and preparing an annual report based on the collected data.</p> <p>There has been no allegation of sexual abuse and one allegation of sexual harassment. The annual reports are approved as required by the Directive. The annual reports reflect PREA information and are accessible to the public through the facility's website and within the agency. There are no personal identifiers in the reports. Annual reports which contain data for each contract facility are prepared by the ODYS PREA Administrator.</p> <p>Conclusion: Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard regarding data review for corrective action.</p>

115.389	Data storage, publication, and destruction
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 472 300">Document Reviewed: Directive Y-6</p> <p data-bbox="240 362 363 389">Interviews: Administrator PREA Coordinator</p> <p data-bbox="240 488 1469 582">The Directive and interviews support that all data collected be securely stored. The Directive requires that the data is maintained for at least 10 years unless a state, federal or local law requires otherwise. Data is securely stored as observed. The annual reports are available to the public through the facility's website and it does not contain any personal identifiers.</p> <p data-bbox="240 613 373 640">Conclusion: Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 456">The initial PREA audit was conducted in 2016. The agency is fulfilling the current auditing requirement with the completion of the PREA audit for this facility. The staff provided the Auditors with the required documentation mandated by the standards and the auditing process. A comprehensive site review was provided to the Auditors during the Onsite Audit Phase and additional documentation was reviewed. The PREA Compliance Manager and other staff members were cooperative in providing additional documentation as requested.</p> <p data-bbox="229 456 1509 638">The Administrator and PREA Compliance Manager provided appropriate work space for the two Auditors which included conditions for conducting interviews in private with the residents and staff. The posted notices regarding the audit were observed in the facility, accessible to residents; staff; visitors; and contractors. The notices provided directions and contact information informing those who wanted to contact the Auditor of how to do so. A process for confidential correspondence exists however no correspondence was received by the Auditor.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This facility was previously audited in 2019 and the Auditor confirmed the audit report was posted on the facility and agency websites. The reports do not contain any personal identifying information.

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.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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.)	na
	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 functions of the facility? (N/A for non-secure facilities)	yes
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 determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
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: Residents who have speech 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: 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
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 (c)	Hiring and promotion decisions	
	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 employees?	yes
	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.)	na
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.)	no
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 not responsible for investigating allegations of sexual abuse.)	yes
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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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.)	na
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 the agency attempt to ascertain information about: Age?	yes
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
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 making facility and housing placement decisions and programming assignments?	yes
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 entity or office that is not part of the agency?	yes
	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.	no
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?	no
	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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
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 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?	yes
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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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 accordance with these standards?	yes

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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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 (f)	Criminal and administrative agency investigations	
	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 does not provide a basis for terminating an investigation?	yes

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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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.)	na
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.)	na

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 cooperates with any investigation arising out of the incident?	yes
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 the confinement of its residents.)	na
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 publication would present a clear and specific threat to the safety and security of a facility?	yes
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.)	no
	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.)	yes
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