

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: September 30, 2020

Auditor Information

Name: Shirley L. Turner **Email:** shirleyturner3199@comcast.net

Company Name: Correctional Management and Communications Group, LLC

Mailing Address: P O Box 370003 **City, State, Zip:** Decatur, GA 30034

Telephone: 678-895-2829 **Date of Facility Visit:** August 17, 2020

Agency Information

Name of Agency: Hocking Valley Community Residential Center

Governing Authority or Parent Agency *(If Applicable)*: Click or tap here to enter text.

Address: 111 West Twenty-Nine Drive **City, State, Zip:** Nelsonville, OH 45764

Mailing Address: Same As Above **City, State, Zip:** Same as Above

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: www.hvcrc.k12.oh.us/

Agency Chief Executive Officer

Name: Kent Butler, Executive Director

Email: kbutler@hvcrc.k12.oh.us **Telephone:** 740-753-4400

Agency-Wide PREA Coordinator

Name: Neil Sommers

Email: nsommers@hvcrc.k12.oh.us **Telephone:** 740-753-4400

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**
Kent Butler, Executive Director 1

Facility Information

Name of Facility: Hocking Valley Community Residential Center

Physical Address: 111 West Twenty-Nine Drive

City, State, Zip: Nelsonville, OH 45764

Mailing Address: Same as Above

City, State, Zip: Same as Above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.hvcrc.k12.oh.us/

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Administrator/Superintendent/Director

Name: Kent Butler, Executive Director

Email: kbutler@hvcrc.k12.oh.us

Telephone: 740-753-4400

Facility PREA Compliance Manager

Name: Bob Manring

Email: bmanring@hvcrc.k12.oh.us

Telephone: 740-753-4400

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

45

Current Population of Facility:	6	
Average daily population for the past 12 months:	24	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	12-18	
Average length of stay or time under supervision	7-8 Months	
Facility security levels/resident custody levels	Staff Secure	
Number of residents admitted to facility during the past 12 months	19	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	19	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	19	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	29	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	11	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	5	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
<p>Number of single resident cells, rooms, or other enclosures:</p>	24
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Athens County Children's Services) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Athens County Children's Services) <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

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

The Hocking Valley Community Residential Center is a community residential facility that serves an 11 county catchment area. The facility has a board which is made up of the juvenile court judge from each county within the catchment area. Services are provided to male juvenile offenders. The residential facility is managed through a contract with the Ohio Department of Youth Services (ODYS). The Prison Rape Elimination Act (PREA) Audit was conducted by Shirley Turner, certified US Department of Justice PREA Auditor, assisted by Flora Boyd, a certified US Department of Justice PREA Auditor. The ODYS PREA Administrator was present at the site during the audit and participated in the comprehensive site review.

Based on the vested interest of the agency to complete the PREA audits scheduled for this year and due to COVID-19 concerns, it was determined by the parties involved that all interviews would be conducted remotely including video calls. The virtual interviews were conducted on July 29, 2020 by both Auditors. The onsite audit phase was conducted on August 17, 2020 and also included both Auditors. The last PREA audit was conducted in July 25, 2017. The facility has a 45-bed capacity however all housing units are not being used at this time. The facility grounds consist of three buildings, is staff secure, and serves youth 12-18 years old.

The audit was procured and assigned to the Auditor by Correctional Management and Communications Group, LLC (CMCG) located in Minneola, Florida. There were no known conflicts of interest regarding the completion of this audit. There were no barriers in completing any phase of the audit however there was the challenge of COVID-19 concerns which required the use of an alternative method regarding the interviews and the comprehensive site review. Limiting direct contact among residents, staff and Auditors during the global pandemic was required to keep everyone safe. The alternative methods were supported by the Ohio Department of Youth Services and the facility, in an effort to reduce and/or prevent COVID-19 transmission. The Auditors, facility staff and ODYS PREA Administrator wore masks throughout the site visit.

General information and specific information about programs, services and activities conducted at the facility are provided on the facility's website. PREA information, including how to report sexual abuse and sexual harassment and personnel contacts are available on the facility's website and may be accessed by the general public. The facility's 2017 PREA audit and other reports are also posted on the website.

Pre-Onsite Audit Phase Key Processes and Methodology

The initial planning for the audit was conducted with the ODYS PREA Administrator. Subsequently, there was communication by the Auditor with the facility's Executive Director and Program Coordinator who also serves as the PREA Coordinator. The ODYS PREA Administrator provided the facility with the audit notice and support in the audit preparation. During the initial and follow-up conversations with the facility staff and ODYS PREA Administrator, the audit processes and logistics were discussed. The methodology and site visit itinerary were reviewed and the Auditor provided the opportunity for questions and clarification of information as needed.

Effective communication, both verbal and written, was maintained with the facility staff and the ODYS PREA Administrator. The audit dates were extended due to restrictions and concerns due to COVID-19. Final dates were agreed upon for the interviews and the site review that involved the ODYS PREA Administrator, facility PREA Coordinator, facility Executive Director, and the Auditors. The interviews occurred prior to the site visit and were conducted by both PREA Certified Auditors. The facility staff and the lead Auditor maintained communication regarding the virtual interviews; site review; access to the various staff members; and goals and expectations of the audit process.

The staff members and residents were receptive to the alternative setting for the interviews. Staff members were familiar with the PREA audit process, having participated in and/or aware of the previous PREA audits. Both Auditors participated in the comprehensive site review. Some of the staff and residents previously interviewed virtually were identified by the Auditors during the site review. The assistant Auditor checked with the residents encountered during the site review to determine if there was any additional information they wanted to provide and none was provided.

The PREA audit notice was copied in its original bright color and posted in various areas of the facility prior to the onsite audit, at least six weeks prior to the audit. The pictures of the notices were taken in their various locations and emailed to the Auditor by the facility's Program Coordinator/PREA Coordinator. The audit notices were in a format that was easy to see and read and were posted at varying eye levels, easy to see. They were strategically posted, accessible to residents, staff, and any visitors or contractors if on campus during this time period; including the administrative and housing areas. The notices contained the Auditor's contact information and wording regarding confidentiality of information. No correspondence was received during any phase of the audit and the facility has a process in place to ensure confidential communication. Further verification of the postings was made through observations during the comprehensive site review and as indicated through the interviews conducted with residents and staff.

The completed PREA Pre-Audit Questionnaire, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. The documentation on the flash drive was organized by each standard. This information was received by the Auditor prior to the comprehensive site review. An assessment was conducted of the contents

on the flash drive and the Auditor conducted a telephonic review with the facility PREA Coordinator regarding additional information needed. The Auditor followed-up with the written review or issue log regarding additional documents needed. The information was provided to the Auditor during the pre-onsite and post audit phases.

The lead Auditor provided a document to the PREA Coordinator that assisted in the completion of the interview schedule titled, "Information Requested to Determine Staff and Residents to be Interviewed During the On-Site PREA Audit." The document which was completed and returned to the Auditor, requested shift assignments; identification of staff members who served and performed in specific PREA related specialized roles; and volunteers and contractors who have contact with residents.

Through the interview document, a request was made for a list of direct care staff and their scheduled shifts and the additional direct care staff, where applicable, and a current resident population roster. The written request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, bisexual and/or transgender residents; and residents housed in isolation. The information regarding the residents and staff was provided to the Auditor during the pre-onsite audit phase.

Staff and residents were randomly selected by the Auditor based on the interview requirements. The interview schedule was developed by the Auditor with input through the Program Coordinator/PREA Coordinator. All interviews were conducted in a room that provided privacy. When the residents were interviewed, the Auditor ensured that staff was positioned outside of the room, providing a reasonable amount of privacy for the resident during the interview. A letter was provided to the lead Auditor supporting that the residents were not coerced or threatened to participate in the interviews and that they participated on their own accord. The letter was signed by the Executive Director and the Program Coordinator/PREA Coordinator. The areas where interviews occurred were observed during the comprehensive site review.

The Auditor communicated with the Program Coordinator/PREA Coordinator to confirm schedules and to clarify specialized PREA roles and assistance in identifying residents in vulnerable categories. A resident roster was provided to the Auditor. As a result of the information received, the Auditor completed the interview schedule of specialized and random staff and residents. The Executive Director and Program Coordinator/PREA Coordinator ensured that conflicts in staff coverage and in the availability of staff and residents were non-existent regarding all interviews. All interviews were conducted in a private setting as assured by management.

During the ongoing conversations, the agenda and plans for the site review were reviewed by the Auditor with the Executive Director and PREA Coordinator. The management staff was assured that the Auditors would be as non-intrusive as possible where these actions did not interfere with the completion of a thorough sight review while also providing consideration for limited contact due to COVID-19 concerns.

The facility provided lists or documents that assisted with the following determinations and interview selections. The Auditor reviewed the documents provided and conferred with the Program Coordinator/PREA Coordinator for clarity of information as needed.

Information	Comments
Resident Roster	Provided prior to site review.
Youthful Inmates/detainees	Youthful inmates/detainees are not housed in this facility.
Residents with Physical Disability	None Identified
Residents with Cognitive Disability	One Identified
Residents who are Limited English Proficient	None Identified
LGBTI Residents	None Identified
Residents in segregated housing	No Segregated Housing
Residents Housed in Isolation Due to Imminent Threat of Sexual Abuse	Isolation Not Used
Residents who reported sexual abuse	None Identified
Residents who Reported Sexual Abuse Occurring While in the Facility	None Identified
Residents who Disclosed Victimization or Perpetrated Sexual Abuse Not Occurring in an Institutional Setting	None Identified
Staff Roster	Provided with the interview document sent to the facility during pre-onsite audit phase.
Specialized Staff	Provided on interview document sent to the facility during pre-onsite audit phase.
Contractors/Volunteers that have contact with residents.	Provided on interview document sent to the facility during pre-onsite audit phase.
All grievances/allegations made in the 12 months preceding the audit.	None Reported
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit.	None Reported
Hotline calls made during the 12 months preceding the audit.	There were no hotline calls made during the 12 months preceding the audit.
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	None Reported

Onsite Audit Phase Key Processes and Methodology

Upon entering the facility the Auditors and ODYS PREA Administrator were greeted by the facility's Program Coordinator/PREA Coordinator and Executive Director. The Auditors were provided a comprehensive site review by the Program Coordinator/PREA Coordinator and the Administrative Assistant who has been newly appointed to also serve as the facility's PREA

Compliance Manager. The ODYS PREA Administrator was present during the comprehensive site review.

The site review included visits to or observation of all areas of the facility which included the lobby; administrative area; offices; clinic; medication room; main control room; living units; gymnasium; classrooms; group room; classrooms; conference room; staff training room; weight room; storage rooms; cafeteria; and kitchen. The outside grounds and the Ceramic building was also a part of the comprehensive site review. Various staff members were observed carrying out their routine duties during the site review and the residents were observed interacting.

Printed notifications of the PREA site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, visible to residents, staff; and would be visible to contractors, volunteers and visitors. The notices contained large enough print to make them noticeable and easy to see and read. Signs were posted that indicated where residents were not allowed. Residents' files are maintained in a secure manner. The resident population on the day of the site review was six.

There are signs posted regarding PREA information and materials are available and accessible that contains contact information of the assisting agencies for reporting allegations and seeking help regarding sexual abuse and sexual harassment. The posted information includes instructions on accessing assistance. Staff cannot deny a resident use of the telephone to report allegations of sexual abuse and sexual harassment or to request advocacy services. All residents and random staff interviewed revealed that staff members announce their presence when they enter the living unit of the opposite gender. This practice was confirmed during the comprehensive site review

Victim advocacy services will be provided by Survivor Advocacy Outreach Program (SAOP) as provided in the Memorandum of Understanding. The confidential services to be provided were confirmed by the SAOP Executive Director and include emotional support, information and referral resources related to sexual abuse and sexual assault. It was also stated that the advocacy services may also include accompaniment through the forensic medical examination. The residents have access to the hotline services provided by SAOP. The interviews with the residents, during the pre-onsite audit phase, revealed they are aware of the availability of victim advocacy services and know how to access them. Advocacy services may be requested by the alleged victim, facility staff, or law enforcement personnel.

The comprehensive site review revealed the posting of the information within the facility including beside each red telephone on each living unit. The red telephone may be used by residents to request advocacy services as well as report allegations of abuse. The instructions and contacts to report allegations or request advocacy services are clear. There is a document posted by each red telephone that informs residents of what advocates can and cannot do. Advocacy services are also available by Ohio Health, Athens Child Advocacy, and State of Ohio. Forensic medical services will be performed by a Sexual Assault Nurse Examiner (SANE) at the Ohio Health O'Bleness Hospital and is supported by facility policy and confirmed by the PREA Compliance Manager and SAOP Executive Director.

The Program Coordinator/PREA Coordinator and the PREA Compliance Manager answered questions regarding resident activities and staff duties as the site review progressed through the facility and into specific areas. The intake process; daily schedule of activities; staff supervision practices; alternative methods of communication with parents/guardians; personal hygiene procedures; and other processes were discussed during the site review. Observations revealed access to writing materials for the residents. Signage was posted providing PREA information.

Cameras are installed and strategically placed to supplement direct staff supervision. A total of eight cameras have been installed since the last PREA audit in the classrooms, housing area, staff station, and cafeteria. There are no cameras in bathrooms and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. The different camera views and angles were observed by the Auditors from the main control room. The dedicated telephone for hotline use to report allegations of sexual abuse or sexual harassment was tested during the site review and was found to be in working order. Information is posted regarding reporting allegations.

Interviews

The Auditor and ODYS PREA Administrator, with the support of facility staff, agreed that the interviews, although occurring virtually, would be conducted using the same criteria from the PREA Auditor Handbook as if conducted onsite, including in a private space. It was also determined that conducting the interviews remotely was the best alternative because it assisted the Auditor in assessing sexual safety while reducing the risk of anyone contracting and/or spreading COVID-19.

Twenty-nine staff members are currently employed at the facility that may have contact with residents. A total of five residents were in the facility on the day of the interviews and six were present on the day of the site visit. All five residents were interviewed on the day the interviews were conducted prior to the site visit. One of the resident interviews was a targeted interview due to consideration regarding the make-up of the population and after conferring with the Program Coordinator/PREA Coordinator relative to the vulnerable categories.

Twelve random staff members were interviewed covering all shifts and six individual specialized staff members were interviewed based on their job duties related to PREA roles, including the contractor. Although six individuals were interviewed as specialized staff, the total specialized interview protocols used was 10 due to some staff filling more than one specialized role. The PREA Coordinator, PREA Compliance Manager and Executive Director were interviewed and their interviews in those roles were not counted as specialized staff. However, the protocols used with the PREA Coordinator as investigative staff and retaliation monitor; and with the PREA Compliance Manager as intermediate staff were counted as specialized staff interviews.

The contractor provides substance abuse treatment in the facility two times per week. There are no volunteers providing services at this time due to safety concerns because of the global pandemic. All interviews were conducted in private and without coercion or threat. Prior to each resident's interview, the Auditor confirmed with the resident that there was no coercion or threat regarding the interview and that staff was not posted inside the room. Each resident

confirmed there was privacy during the interview. The PREA Coordinator managed the accessibility of staff and residents for the interviews and ensured that no resident was threatened or coerced to participate in an interview and provided a written statement to such, signed by himself and the Executive Director. All residents revealed that they were well informed of their right to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment, and the services that the community based victim advocacy agency provides.

The Auditor conducted the following number of specialized interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews
Medical Staff	1
Mental Health Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (Unannounced Rounds)	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Intake Staff	1
Investigative Staff	1
Contractor	1
Number of Specialized Staff Interviews	10
Number of Random Staff Interviews	12
Total Random and Specialized Staff Interviews	22
Total Interviews (including four protocols used to interview the PREA Coordinator, PREA Compliance Manager and Executive Director who was interviewed in the roles of facility administrator and agency head.)	26

A community support interview was conducted by telephone during the post audit phase. The Executive Director of the Survivor Advocacy Outreach Program, a rape crisis center, was interviewed during the pre-onsite audit phase confirming the accessibility of victim advocacy services and provided the knowledge that forensic medical examinations would be conducted by a Sexual Assault Nurse Examiner. The interview verified victim advocacy services in accordance with the Memorandum of Understanding.

Documentation Review

The Auditor received documentation for each standard as part of the Pre-Onsite Audit Phase data gathering process. Additional documentation was provided as requested prior to the site review and during the post audit phase. The PREA Pre-Audit Questionnaire, facility policies and procedures and supporting documentation were reviewed prior to the site review. The supporting documentation reviewed included but was not limited to various forms; vulnerability assessments; checklists; evidence of unannounced rounds; coordinated response plan;

related written communication; annual staffing plan assessment; annual report; staff schedules; Memorandum of Understanding; and organization chart. PREA training was documented by logs, certificates, acknowledgement statements and training materials.

There were no allegations of sexual abuse or sexual harassment during the past 12 months. Administrative investigations regarding sexual abuse and sexual harassment will be conducted by a trained facility-based investigator, the PREA Coordinator. Allegations that are deemed criminal in nature will be investigated by the Nelsonville Police Department. Allegations of sexual abuse and sexual harassment are also reported to the Athens County Children's Services.

Exit Meeting

After the completion of the site review, an exit briefing was held with the facility's Executive Director, PREA Coordinator, PREA Compliance Manager, and ODYS PREA Administrator in the conference room. The exit briefing served to review the onsite process and share the Auditors' notes and impressions resulting from the review of policies and procedures and other documents; interviews; and observations during the site review. The participants were given the opportunity to ask additional questions about the audit process and the report timelines were provided by the lead Auditor.

Post Onsite Audit Phase

Key Processes and Methodology

The SAOP Executive Director confirmed the availability and accessibility of advocacy services in a telephone interview. The services include but are not limited to emotional support, information and referral services. The documentation and information provided; consideration of all interviews; and observations document that the Standards were met.

The Auditor maintained communication with the PREA Coordinator and PREA Compliance Manager until all information was reviewed and clarified as needed. The final report was completed and submitted to the ODYS PREA Administrator for subsequent dissemination to the facility.

Facility Characteristics

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

The facility serves male juvenile offenders who have been committed on a felony offense and considered low risk. The resident is on a suspended commitment to the Ohio Department of Youth Services. The intent of the placement is for the youth to respond to the program opportunities and sending the youth to a state institution will not be necessary. The average population for the past 12 months is 24; the facility is licensed to house 25 residents. The mission of the Hocking Valley Community Residential Center is to provide a safe, non-secure

setting where troubled youth receive a positive rehabilitation program allowing them to become productive citizens upon return to the community.”

The program is maintained in one primary building that houses the community residential program. There is a Ceramic or woodworking building on the grounds and a building used for storage and maintenance. The lobby which is the primary entrance contains a reception area where visitors sign in and sign out. Administrative offices are also located in this area. The building also includes additional offices; conference room; medical clinic; weight room; gymnasium; kitchen; dining room; and staff training room. The grounds also contain ample outside space for a variety of recreation activities and include a baseball field, two basketball goals, shelter with benches, and a fishing pond.

Eight additional cameras have been added in the facility since the last PREA audit. The installation of the additional cameras includes better optics and angles, according to the Executive Director. Signs are posted in various areas identifying the restricted areas where residents are not allowed at all and where residents are not allowed without staff supervision. There were no residents observed to be in any restricted areas. Residents are provided a reasonable amount of privacy to change clothes, use the toilet and shower. Appropriate space exists in the facility for counseling sessions and visitation. The outside grounds can accommodate various recreation activities and contain two basketball goals and a baseball field for residents. The outside grounds and the gymnasium provide residents the opportunity for large muscle activity both inside and outside of the facility.

The facility offers a variety of programming and services for residents which includes but is not limited to:

- Medical Services
- Mental Health Services
- Victim Awareness
- Family Counseling
- Substance Abuse Counseling
- Cognitive Behavioral Intervention in Substance Abuse
- Anger Management
- Sex Offender Counseling
- Wellness and Health

Nursing services are provided by a registered nurse on a part-time basis and as needed through a contract between the facility and TeamHealth. Physician services may also be provided through TeamHealth. Forensic medical examinations will not be conducted at the facility but at the local hospital by a Sexual Assault Nurse Examiner. Mental health services are provided onsite through a contract with Integrated Services for Behavioral Health. Mental health services are provided by or coordinated by the Clinical Coordinator. Residents receive individual, group and family counseling; sex offender counseling; and drug and alcohol counseling. Psychiatric services are provided as needed through community resources. An individualized Service Plan is developed for each resident. The facility also provides accommodations for residents to participate in religious services in the community during regular times.

The residents are required to participate in education services to catch up on their current school work, get a high school diploma or get a GED. The library/resource room offers a variety of donated and purchased books. Residents are allowed to access the resource room during study time and free time. Books may be checked out for two weeks at which time books must be returned or renewed. Any publications found with objectionable material will be confiscated immediately which includes but is not limited to: pornography; vulgarity; plans for criminal activity; instructions for making or obtaining weapons; gang related activities; and material advocating racial, religious, or national hatred. Direct care staff members provide engaged supervision of the residents and manage their movement during the program activities and throughout the facility operations. Supervisors provide support and guidance to ensure the order of the facility and the welfare of residents and staff. PREA related information is available and posted in English and Spanish.

Residents have access to writing materials and the telephone to maintain contact with parents, guardians, attorneys, court personnel, and other approved persons. During suspended visitation and out of an abundance of caution, in addition to telephone calls and mail, contact was also maintained through video calls. Grievance boxes for regular and emergency grievances and sick call boxes are located on each living unit. Grievance forms are displayed in each living unit and writing utensils are accessible. A grievance form is also available in the Student Handbook which is provided to each resident during the intake process. The Student Handbook informs that family members may place a grievance in an envelope addressed to the Executive Director. Third-party reporting information is available and accessible to visitors, residents, contractors, volunteers, and employees through the posting of the hotline numbers in the facility and information contained on the facility's website.

There is a host of staff members consisting of management, supervisory, support, and contract who provide oversight of or participation in processes and activities that contribute to the facility operations and the provision of services. Documentation and staff and resident interviews confirmed the provision of the programs and services described. Observations during the comprehensive site review revealed adequate space for conducting the programs and services described and regular and special visitation. The residents indicated during the interviews, they could report sexual abuse or sexual harassment to someone on the outside that did not work at the facility which included family members; probation officer; counselor; Children's Services; and law enforcement.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.311: Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Facility Sexual Assault/Abuse/Harassment Policy
Position Description
Organization Chart

Interviewed:

Program Coordinator/PREA Coordinator
Random Staff
Residents
Administrative Assistant/PREA Compliance Manager

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.

The Policy provides guidance to staff about the facility's approach to preventing, detecting, and responding to conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are also contained in the Policy. Sanctions for those employees found to have participated in the prohibited behaviors is also included.

The facility has additional policies that support the PREA standards. Staff training, resident education, and intake screening assist in detecting sexual abuse and sexual harassment. The facility's Policies address the areas that include but are not limited to responding to sexual abuse and sexual harassment; reporting sexual abuse and sexual harassment; staff training; PREA education for residents; investigations; assessments; medical and mental care; and discipline for residents and staff members.

Provision (b):

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

The PREA Coordinator reports directly to the head of the facility, Executive Director. The Program Director, a facility upper level management position, serves as the PREA Coordinator. The interview and other communication confirmed familiarity with the PREA Standards and audit process. The interview with the Program Coordinator and observations revealed possession of the time and authority to discharge the duties of the PREA Coordinator. The interviews with random staff revealed their familiarity with the Program Coordinator's role as the PREA Coordinator.

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.

This is the sole facility of the agency. However, the Administrative Assistant has been recently designated as the PREA Compliance Manager and in that role he assists and provides support to the PREA Coordinator. The interviews with the PREA Coordinator (PC) and PREA Compliance Manager (PCM) indicated that they work closely together.

Conclusion:

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

Standard 115.312: Contracting With Other Entities for the Confinement of Residents

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviewed:

Executive Director

Program Coordinator/PREA Coordinator

Provision (a) and (b):

Provision (a): 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.

There was no evidence the facility contracts with other entities for the confinement of its residents. The facility's interviews confirmed the facility does not contract with other entities for the confinement of its residents.

Conclusion:

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

Standard 115.313: Supervision and Monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA

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

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes
 No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes
 No

115.313 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Supervision Policy
Facility Inspection-Occupied and Unoccupied Area Inspections Policy
Facility Juvenile Caseworkers/Youth Supervision Policy
PREA Unannounced Inspection Forms
Staffing Plan Annual Evaluation
Work Schedules
Shift Supervisor Report

Interviews:

Executive Director
Administrative Assistant/PREA Compliance Manager

Provision (a):

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

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

Policy provides that the staffing pattern concentrates staff when most residents are in the facility and provides details for maintaining the staffing ratio of 1:8 during the waking hours and 1:16 during the sleeping hours. The facility's staffing plan, internal controls and management ensures that the ratios are maintained. Management staff will increase staff if a situation warrants it and in accordance with the Supervision Policy.

The camera system supplements supervision provided by direct care staff. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews; review of Policy; and the Auditor's observations. The considerations for assessing adequate staffing levels include but are not limited to activities occurring on different shifts, outside appointments composition of the resident population, and other conditions.

Provision (b):

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

The average number of residents on which the staffing plan is predicated is 24. The facility reports and there was no documentation of any deviation from the PREA staffing ratios of 1:8 and 1:16 in the past 12 months. The facility is prepared to document any deviations from the PREA staffing requirements on the Shift Supervisor's Report, completed by each Shift Supervisor.

Provision (c):

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

The facility is a community correctional facility which is staff secure. The staffing ratios, in accordance with Policy, provide for a 1:8 ratio during the waking hours and 1:16 ratio during the sleeping hours and management staff ensure adherence to the required staffing ratios. Adequate supervision was observed during the comprehensive site review and review of documentation. Only security staff is included in the ratios.

Provision (d):

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

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

The Staffing Plan Annual Evaluation which includes a review of the staffing plan is conducted as described in the standard. There is collaboration between the PREA Coordinator and Executive Director and both sign and date the document. The annual assessment was conducted on February 13, 2020. The document reviews but is not limited to the following areas: prevailing staffing patterns; review of staffing plan; electronic monitoring system; and occurrence of unannounced rounds.

Provision (e):

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

Policy provides for the occurrence of unannounced rounds that are conducted by the PREA Coordinator or designee and the unannounced rounds are documented by the PREA Coordinator and PREA Compliance Manager. The PREA Unannounced Inspection Form documents the rounds are made at various times on all shifts. The Form details observations made in the various areas of the physical plant; documentation of issues and concerns; accounting of staff; and other areas. The results of the unannounced rounds are recorded on the Form. The interviews, review of Policy and other documentation revealed that staff members are prohibited from informing other staff of when the rounds will occur and the visits are not conducted at scheduled times.

Conclusion:

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

Standard 115.315: Limits to Cross-Gender Viewing and Searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

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

residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Control of Contraband Policy
Facility Juvenile Movement Policy
Training Materials
Training Acknowledgement
Request for Body Cavity Search Form

Interviews

Random Staff

Residents
Program Coordinator/PREA Coordinator

Provision (a):

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

Policy provides that searches in the facility consist of the use of the wand and room searches and that the searches are conducted in a manner causing the least amount of indignity and embarrassment to the youth. Body cavity searches are only conducted by a medical practitioner, in a medical facility with the approval of the Executive Director. The request for a body cavity search is done in writing on the Request for Body Cavity Search Form. A youth's body is not searched by staff within the facility; if such a search is required, it is conducted by the Nelsonville Police Department. There is no evidence of the searches in this provision occurring at the facility in the last 12 months.

Provision (b):

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

Strip searches are prohibited at the facility by all staff. The training logs and materials show that staff receives training on how to conduct searches using the wand and how to search residents' rooms. Staff participation in the training is documented. Staff interviews confirmed they are aware of the policy regarding searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. There is no evidence that cross-gender pat-down searches have occurred at the facility during the last 12 months.

Provision (c):

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

Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. All interviews confirmed that cross-gender searches have not occurred at the facility during this audit period.

Provision (d):

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

The Supervision Policy and practice provide the facility enables residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them and in a reasonable amount of privacy. This practice was confirmed through interviews with residents and staff. No residents interviewed reported ever being naked in full view of the opposite gender staff while showering, changing clothing, and performing bodily functions. Policy provides that staff members of the opposite gender must announce their presence when entering the residents' living unit or an area in which residents may be showering or performing bodily functions. The residents stated that female staff

members announce their presence where residents may be showering, using the toilet or changing clothes. Policy requires female staff members to announce their presence when they enter an area where a resident may be changing clothes, showering or using the toilet. This practice was demonstrated during the comprehensive site review.

The evidence shows residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard. Viewing of the monitors and staff and resident interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes. Hygiene practices are performed with the expectations of reasonable privacy for each resident.

Provision (e):

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

Policy prohibits the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verified no such searches have occurred in the past 12 months. One hundred percent of direct care staff received the training on conducting searches utilizing the wand and the searches of rooms. Staff interviews confirmed they are aware that Policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status.

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.

Searches are performed by staff with a wand. The training materials and interviews document the training received. The training includes for searches to be conducted in a professional and respectful manner and the least intrusive manner possible and Policy supports this premise. The documentation and staff interviews support that search training needed is conducted.

Conclusion:

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

Standard 115.316: Residents with Disabilities and Residents Who Are Limited English Proficient

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Prohibition of Discrimination on the Basis of Disability Regarding Services Provided
 Facility Policy, Sexual Assault/Abuse/Harassment
 Memorandum of Understanding (MOU), Athens-Meigs Educational Service Center
 Need for Assistance/Interpretation of Resident Handbook
 Training Curriculum
 Training Sign-In Sheet
 Training Acknowledgement Statements
 Technology Accommodation for Deaf Resident
 Physical Accommodation for Deaf Resident
 Sign Language Poster

Interviews:

Resident
 Random Staff
 Program Coordinator/PREA Coordinator

Provision (a):

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those

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

Policy addresses the provision of support services for Limited English Proficient and disabled residents by providing such 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 prohibits use of resident readers or interpreters and was confirmed by staff interviews. Staff members received training in PREA education for Youth with Disabilities as evidenced through the training curriculum, sign-in sheet and staff interviews. The facility has a MOU with the Athens-Meigs Educational Service Center.

The education staff provide and assist other with the provision of support services to residents due to their background and training and have access to interpreters, technology and resource materials. The facility also has mental health staff to assist in providing support services as needed. PREA information is available to residents in English and Spanish. A dedicated for is used for requesting accommodations for residents with disabilities or limited English proficient. Outside of this audit period, there is evidence where the facility provided special accommodations for a youth who was deaf including but not limited to the installation of locks on bathroom doors that say "occupied/vacant" with each word color-coded, sign language poster, and technology.

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.

The MOU confirms the facility's ability to provide the delivery of services to residents who are limited English proficient which includes access to resources for interpreters and written interpretation through the Athens-Meigs Educational Service Center as needed. Policy provides 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. PREA information is accessible to residents in English and Spanish and other languages will be made available when identified. Access to the support services exist and will be provided by interpreters who can interpret effectively, accurately, and impartially.

Provision (c):

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.

Policy prohibits the use of resident readers and interpreters except when a delay in obtaining interpreters could jeopardize a resident's safety which was confirmed through the interviews with random staff. During the past 12 months there have been no instances where residents were used as interpreters or readers. PREA information is printed in both English and Spanish.

Conclusion:

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

Standard 115.317: Hiring and Promotion Decisions

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

115.317 (a)

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

115.317 (b)

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

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Facility Employee Promotion Policy
 Facility Probationary Term/Demotion and Termination
 Facility Criminal Records Check Policy
 Criminal History Checks
 Diana Screen
 Personnel Records
 New Employee File Checklist

Interviews:

Business Manager/Human Resources Staff

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.

The Policies collectively address hiring and promotion processes and decisions, background checks, and grounds for termination. The background checks occur initially and every five years thereafter, in accordance with the Policies. The personnel files include the completed background checks and hiring documents. Background checks are conducted through the Ohio Bureau of Criminal Investigation and the Federal Bureau of Investigation as confirmed by the Business Manager and review of documents. The application process includes determining if the prospective employee has attempted, engaged or was convicted of sexual abuse.

The forms completed and included in the personnel files are responsive to the provisions of this standard. The documentation, interview and Policies support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. The facility provides for the employee to continually report any previous misconduct. The facility also uses the Diana Screen as a part of the hiring process.

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.

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

The Policies and interview collectively indicate that the facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. Additionally, the Policies support that no applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior. Based on the review of the personnel files and the interview, the facility follows this provision of the standard.

Provisions (c) & (d):

Provision (c): Before hiring new employees who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Provision (d): The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

Each employee is fingerprinted and background checks are completed by the State, Athens County Sheriff's Office and FBI where applicable and in accordance with Policy. The background check process includes consulting child abuse registries. Best efforts are made to contact all prior institutional employers for information of incidents or allegations of sexual abuse, consistent with federal, State and local laws.

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 four years thereafter in accordance with Policy and the interview. The review of documentation and interview provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with Policy and the PREA standard.

Provision (g):

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

According to the staff interview and a review of Policy and the job application, the omission of sexual misconduct information 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 interview with the Business Manager revealed the facility will provide information on a substantiated case of sexual abuse or sexual harassment, upon request from an employer, if the allegation was substantiated.

Conclusion:

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

Standard 115.318: Upgrades to Facilities and Technologies

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

115.318 (a)

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

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Staff/Youth Interaction Policy

Interviews:

Executive Director

Program Coordinator/PREA Coordinator

Provision (a):

If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

The Policy addresses this standard provision. The agency has not acquired a new facility or made a substantial expansion to the existing facility since the last PREA audit.

Provision (b):

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency's ability to protect residents from sexual abuse.

The Policy addresses this standard provision. The interviews identified the addition of eight new cameras which were pointed out to the Auditors during the comprehensive site review. According to the Executive Director, the new cameras provide better angles and optics. The review of the electronic monitoring system is a part of the Staffing Plan Annual Evaluation conducted by the Program Coordinator/PREA Coordinator. Upgrades to the system have been periodically made to continually support direct supervision by staff as a part of the efforts to keep residents safe.

RESPONSIVE PLANNING

Standard 115.321: Evidence Protocol and Forensic Medical Examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Documents Reviewed:

Facility Policy, Sexual Abuse/Abuse/Harassment
Memorandum of Understanding (MOU), Nelsonville Police Department
Letter of Agreement, Nelsonville Police Department, Chief of Police
MOU, Athens County Children's Services
MOU, Ohio Health O'Bleness Hospital
MOU, Survivor Advocacy Outreach Program (SAOP)

Interviews:

Random Staff
PREA Coordinator
Nurse
SAOP Executive Director

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.

The documentation and interviews provide the Policy will be followed regarding investigations of sexual abuse in accordance with the standard. The Policy and MOU provide information regarding the investigation of sexual abuse allegations which will be investigated by the Nelsonville Police Department. Although several staff members have received the investigative training, the PREA Coordinator is currently responsible for conducting administrative investigations regarding PREA related issues.

The interviews confirmed that allegations that are criminal in nature are referred to local law enforcement and allegations are also reported to the Athens County Children's Department. There is awareness of protocol for obtaining usable physical evidence and knowledge of the entities responsible for conducting investigations. There has been communication between Nelsonville Police Department regarding PREA and related investigations. The MOU provides that the Police Department will conduct criminal investigations and the facility staff will cooperate with the investigations.

Provision (c):

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The facility has a MOU with the Ohio Health O'Bleness Hospital for conducting forensic medical examinations. The hospital may refer the alleged victim to another hospital due to a younger age if

necessary. According to Policy, forensic medical examinations will be provided at no cost to the victim. A victim advocate may also accompany the victim through the forensic medical examination. No forensic examinations have been conducted during this audit period. The interview with the Nurse and the MOU confirmed that forensic medical services would be provided by a qualified medical practitioner.

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.

Victim advocacy services have been arranged and are documented through the MOU between the facility and the Survivor Advocacy Outreach Program (SAOP), a rape crisis center. The MOU and the Executive Director provide that SAOP will provide victim advocacy services that include but are not limited to emotional support, referral services, and information. The Executive Director stated an advocate will accompany the victim through the forensic medical examination and investigative interviews. She also confirmed that a Sexual Assault Nurse Examiner would conduct the forensic medical examination.

Information regarding victim advocacy services is provided to the residents during the intake process, according to staff and which was revealed during the interviews with residents. Advocacy information was observed posted during the comprehensive site review and the residents' interviews revealed that the information is always posted. The facility has qualified mental health staff that is available to accompany and support a victim, if needed or requested, through the forensic medical examination process and investigatory interviews. The treatment staff will also provide emotional support, crisis intervention, information, and referrals where needed.

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.

A facility-based investigator will conduct administrative investigations in accordance with Policy and the Standard. Investigations of allegations of sexual abuse or sexual harassment that are criminal in nature are conducted by law enforcement in accordance with the agency's Policies and the provisions of the Standard. Allegations are also reported to Athens County Children's Services. Both investigative

entities are aware of the expectations of a PREA related investigation. The Police Department will use protocols that maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate. The Department of Justice does not conduct investigations in this facility.

Provision (h):

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility has made arrangements for victim advocacy services with SAOP, confirmed through the MOU and interviews. It was determined from documentation and interviews that advocacy services will be provided to residents as requested by the resident, facility staff or law enforcement. The facility has qualified staff in the treatment program unit that may serve in the role of advocate for a resident if needed.

Conclusion:

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

Standard 115.322: Policies to Ensure Referrals of Allegations for Investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the

agency/facility is responsible for criminal investigations. See 115.321(a).]

Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Abuse/Assault/Harassment
MOU, Nelsonville Police Department
Critical Incident Report Form

Interviews:

Random Staff
Executive Director
PREA Coordinator/Investigative Staff

Provision (a):

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

An administrative or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment. The interviews and MOU were aligned with the Policy. Staff members are to report all allegations of sexual abuse and sexual harassment. There have been no allegations of sexual abuse or sexual harassment during this audit report.

Provision (b) and (c):

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.

PREA reporting information is located on the facility's website and within the facility. Policy, MOU and interviews confirmed allegations of sexual abuse and sexual harassment will be investigated. Administrative investigations will be conducted by the PREA Coordinator. Allegations that are criminal in nature are investigated by law enforcement and may be investigated by the Athens County Children Services.

Provision (d):

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

The facility has policy that governs administrative investigations. The Nelsonville Police Department and Athens County Children's Services have policy governing investigations. The MOUs confirm that the agencies will conduct PREA related investigations deemed criminal in nature.

Provision (e):

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

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

Conclusion:

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

TRAINING AND EDUCATION

Standard 115.331: Employee Training

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

115.331 (a)

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

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

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Abuse/Assault/Harassment
 Training Curriculum
 Post Training Tests
 Training Log
 Training Certificates

Interviews:

Random Staff
 PREA Coordinator

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 Policy and interviews collectively address PREA related training for staff. Staff revealed training included the primary components of preventing, detecting and responding to sexual abuse and sexual harassment. PREA training is provided to staff, as indicated by a review of Policies, training documents, online and meetings. Staff interviews and Policy support refresher training is conducted annually. All random staff interviewed and PREA Coordinator indicated the training is provided as required. All random staff interviewed, Policy and training materials verified the general topics in this standard provision were included in the training. The interviews and documentation revealed that refresher training is provided at least annually.

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 considers the needs and characteristics of the population served.

Provision (d):

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

The PREA training reviewed was documented through tests upon training completion and on training certificates and was 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.

Standard 115.332: Volunteer and Contractor Training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Abuse/Assault/Harassment
Training Curriculum
Post Training Tests
Training Log
Training Certificates

Interviews:

Contractor (Substance Abuse Treatment)

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.

Contractors and volunteers who have contact with residents must 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 documents and interviews confirm the training occurs. A contractor who provides substance abuse treatment was interviewed. Due to COVID-19 concerns volunteers are not allowed in the facility.

Provision (b):

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The interview, observation and review of training materials revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment. The training is based on the services provided by the contractors and volunteers. The contractor revealed familiarity with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report allegations.

Provision (c):

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

The acknowledgement statement confirming the understanding of the training is provided through the post training test document and training certificates.

Conclusion:

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

Standard 115.333: Resident Education**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

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

115.333 (c)

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
Intake Acknowledgement Statements
Resident Handbook
Youth Safety Guide
PREA Group Roster
PREA Education Session Log
Need for Assistance/Interpretation of Sexual Abuse, Sexual Assault, and Sexual Harassment Information Form

Interviews:

Residents
Youth Specialist Supervisor

Provisions (a) and (b):

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.

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.

The Policy and other documentation support that all residents admitted receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting, according to the interviews and observations of posted information. The documentation of PREA education sessions, review of materials used, and interview responses of residents indicated the information provided to the residents is age-appropriate.

Each resident signs an Intake Acknowledgement Form indicating the provision of PREA information during the intake process. The PREA education progresses and is delivered in periodic PREA education sessions. PREA information is included in the Resident Handbook, including safety

measures, which are also contained in a pamphlet provided to each resident. The PREA related information is provided to staff in policies and procedures, training and meetings.

Provision (c):

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

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), and interviews, it is very evident that residents receive PREA education. The facility reports that 19 youth were admitted to the facility during the past 12 months and all participated in PREA education sessions.

Provision (d):

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

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. Assistance in meeting special needs is provided through the MOU with the Athens-Meigs Educational Service Center. There is documentation showing accommodations implemented and provided for a youth who was deaf and one who had limited reading skills.

The facility also has the on-site education and mental health staff as resources so that all residents will benefit from PREA education. The PREA information is available and posted in English and Spanish and is obtainable in other languages as needed. Staff interviews confirmed residents are not used as translators or readers for other residents.

Provision (e):

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

Signed acknowledgement statements, logs and rosters were reviewed which indicate the residents' involvement in PREA education sessions. The interviews with the residents indicated they were knowledgeable of the PREA information. The affirmation of the PREA education was provided to the Auditor by the Youth Specialist Supervisor during the interview.

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 information is posted and the Resident Handbook and other materials are provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide general and specific information regarding reporting sexual abuse and sexual harassment and related safety tips. The posted and printed materials also provide information on how to request assistance if the resident or someone he knows has been sexually abused. During the comprehensive site review, the Auditors observed the observed posted information

as described by the residents during the interviews. The information is easy to see and read in English and Spanish.

Conclusion:

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

Standard 115.334: Specialized Training: Investigations

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

115.334 (a)

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

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
MOU, Nelsonville Police Department
MOU, Athens County Children's Department
Training Certificates

Interviews:

PREA Coordinator

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.

The Policy and MOUs collectively address the required training for facility staff identified as investigators to conduct administrative investigations. The PREA Coordinator is the primary instigator for PREA related allegations however several staff members complete the training. The investigative staff receives the regular PREA training and the specialized training as confirmed through the interview and training documentation. Training certificates through the National Institute of Corrections and the interview confirm the specialized training. The training is aligned with this Standard.

Provision (c):

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

The facility maintains training certificates for all staff completing the facility-based investigator training through the National Institute of Corrections. The interview and certificates confirmed participation in the course, PREA: Investigating Sexual Abuse in a Confinement Setting; and for the advanced investigations course.

Provision (d):

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

The Nelsonville Police Department and Athens County Children’s Services are local government entities responsible for conducting investigations regarding sexual abuse and sexual assault and provide training to its investigators.

Conclusion:

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

Standard 115.335: Specialized Training: Medical and Mental Health Care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
 MOU, Nelsonville Police Department
 MOU, Athens County Children's Department
 Training Certificates

Interviews:

Clinical Coordinator
 Nurse

Provision (a):

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

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

Medical and mental health staff members receive the regular PREA training as well as the specialized training. Training certificates document specialized training for medical and mental health staff members through the National Institute of Corrections. The documentation confirms the medical and mental health staff, completed online training. The interviews and a review of training Certificates confirmed completion of training which includes the provisions of the standard.

Provision (b):

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

Forensic examinations are not conducted at the facility.

Provision (c):

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

Training certificates and interviews with medical and mental health staff confirmed receipt of required training.

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.

Medical and mental health staff completed the general training that is provided for all employees as indicated by training documentation and interviews. The standard PREA training is provided to all employees.

Conclusion:

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for Risk of Victimization and Abusiveness

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

115.341 (a)

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

- Does the agency also obtain this information periodically throughout a resident’s confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No

- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
Facility Policy, Screening for Sexual Aggression
Intake Screening Instrument
Sexual Violence Assessment Tool
Intake Acknowledgement Form
Statement of Confidentiality

Interviews:

Clinical Coordinator
PREA Coordinator
Residents

Provision (a):

The Policy provides that upon arrival or within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

The Screening for Sexual Aggression Policy provide for the risk screening to occur within 24 hours of admission. The information gleaned from the intake screening instrument is determined through observations, interview and court records. The youth is interviewed to obtain information about their personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The

intake screening instrument is used to document such information. The interviews with residents revealed the practice of the risk screening being conducted as required. The Instrument confirmed the information obtained includes but is not limited to:

- Prior sexual victimization or abusiveness;
- Resident's own perception of safety;
- History of treatment/counseling;
- Self-identification of Resident;
- Level of emotional and cognitive development;
- Intellectual or developmental disabilities; and,
- Physical Disabilities

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

The Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization instrument is an objective screening tool that provides a presumptive determination of risk. It is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges; offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety. The initial use of the instrument is within 24 hours of admission as required by Policy.

Provision (c):

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

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The 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.

The Auditor reviewed the screening instrument and determined the items required by this provision of the standard are included. The interview with the Clinical Coordinator confirmed awareness of the elements of the risk screening Instrument. The resident interviews also confirmed the administration of the screening instrument.

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 required information to complete the instrument is obtained through using an interview style with the residents. When the youth is admitted to the facility, additional paperwork such as court records may be provided and information can be gleaned from these documents. The interview with the Clinical Coordinator revealed that the information to complete the risk screening instrument is gleaned primarily from interviewing the youth and any other available resources.

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.

Appropriate controls are taken to ensure sensitive information is protected and not exploited by maintaining the files securely. The interviews revealed the information is available to the clinicians, intake coordinator and PREA Coordinator. Staff members sign a confidentiality statement regarding the handling of program and client information. Online information is password protected. The evidence, including interviews and observations document the facility's adherence to the provision of the standard.

Conclusion:

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

Standard 115.342: Use of Screening Information

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

115.342 (a)

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

115.342 (b)

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

115.342 (c)

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

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

115.342 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
Facility Policy, Protection from Harm
Intake Screening Instrument
Sexual Violence Assessment Tool

Interviews:

Residents
PREA Coordinator
Executive Director
Clinical Coordinator
Random Staff

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.

The Policies provide guidance to staff regarding the use of the information obtained from the screening instruments. The screening information is used to inform staff of information for housing; identify vulnerable residents; identify residents who may be a perpetrator; and identify any needs for implementation of protective measures.

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.

Isolation is not used in this facility, in accordance with Policy. There were not any residents determined to be at risk of sexual victimization in the 12 months preceding the audit.

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.

Policy prohibits placing gay, bisexual, transgender, or intersex residents in separate housing based solely on such identification or status; assignments will be made on a case-by-case basis. Policy also prohibits staff from considering such identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or units observed to be reserved for transgender or intersex residents. Housing assignments are made on a case-by-case basis as supported by Policy and the interview with the Clinical Coordinator.

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.

According to Policy, housing and program assignments for transgender or intersex residents would be made on a case-by-case basis. The Policy and assessment instrument provide for consideration of the resident's concern for their own safety. The interviews with the and PREA Coordinator support the facility would consider on a case-by-case basis whether a youth's placement in the facility would ensure the resident's health and safety, and whether the placement would present management or security problems.

Provision (e):

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

The Clinical Coordinator is aware of the requirement that a transgender or intersex resident will be reassessed at least twice a year to determine any threats to safety experienced by the resident.

Provision (f):

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

The residents' concern for their own safety is taken into account through the administration of the intake screening instrument and this applies to every resident as determined by review of Policy and the Instrument.

Provision (g):

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

Transgender or intersex residents will be given the opportunity to shower separately from other residents. There were no residents that identified as transgender or intersex in the facility in the last 12 months.

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.

Isolation is not used in the facility. No residents were determined to be at risk of sexual victimization in the 12 months preceding the audit.

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.

Facility practice is that isolation is not used.

Conclusion:

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

REPORTING

Standard 115.351: Resident Reporting

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

115.351 (a)

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

115.351 (b)

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

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
Facility Policy, Inspection of Letters and Packages
Resident Handbook
Incident Report Form
PREA Materials
Grievance Form
Posted Information

Interviews:

Random Staff
Residents
PREA Coordinator

Provision (a):

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The Policies provide for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how the resident can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through access to 24-hour reporting hotlines. The interviews and comprehensive site review confirmed the accessibility.

Posters and facility Policies, brochures, information sheets, and Resident Handbook collectively provide instructions and telephone numbers for reporting allegations and/or requesting assistance as a result of sexual abuse or sexual harassment. In addition to accessing a telephone, residents are also informed in the PREA education sessions that they may tell staff; tell a family member or another third-party; or complete a grievance form regarding allegations of sexual abuse or sexual harassment.

Residents may use the telephone at any time to privately report sexual abuse and sexual harassment and/or request victim advocacy services. Staff must not interfere with a resident's access to the telephone. Staff members are to provide the resident privacy while observing the resident from a distance. The resident is provided PREA information in the Resident Handbook; information is posted and available through other printed materials; and is reviewed at intake and in subsequent PREA education sessions.

Residents have access to writing materials, as observed, for reporting sexual abuse or sexual harassment and grievance forms are accessible. Written notes or letters may also be given to staff. If a grievance form is used to make a written allegation of sexual abuse, the reporting procedures will be implemented in accordance with Policy. A Grievance Form is contained in the Resident Handbook and is available on each living unit. Grievance boxes are also accessible to residents. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings.

Provision (b):

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

Residents and staff may use a hotline to report allegations of abuse. Policy requires that residents cannot be denied access to the telephone to report sexual abuse or sexual harassment. Residents may remain anonymous upon request. The interviews revealed familiarity with the Policies and posted information on how to report allegations. Contact and confidentiality information is provided and posted. 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 interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to document verbal reports as soon as possible. Residents may report allegations of sexual abuse or sexual harassment either in person, in writing, by telephone, or through a third-party. Interviewed staff members were aware of their duty to receive and document third-party reports. Third-party reporting reports are accessible on the facility's website.

Provision (d):

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

Writing materials are available for residents to complete grievance forms or write notes and indicated by the staff interviewed as well as residents. Each resident is provided a Resident Handbook which contains information regarding filing a grievance and grievance forms are accessible to the residents on the living units in the Handbook.

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. Staff may use the hotline numbers or the third-party reporting form to privately report allegations of sexual abuse and sexual harassment. Some staff members responses also included talking to the Executive Director and PREA Coordinator, writing notes to the administrators, or completing a report.

Conclusion:

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

Standard 115.352: Exhaustion of Administrative Remedies

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

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

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

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.352 (e)

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

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Grievance Procedure
Resident Handbook
Grievance Form
Intake Acknowledgement Form

Interviews:

Random Staff
Residents

Provision (a):

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

The facility is not exempt from this standard and has an administrative grievance process for the residents. The grievance process is outlined in the Policy. There were not any grievances submitted alleging sexual abuse and the interviews did not indicate such.

Provision (b):

- (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
- (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

There is no time limit for filing a grievance related to an allegation of sexual abuse. Residents are not required to use an informal process or give the grievance to any staff member regarding such allegations. The provisions of Policy are in accordance with the Standard.

Provision (c):

The agency shall ensure that—

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.

It is required that a resident who alleges sexual abuse does not have to submit the complaint to a staff member who is the subject of such. Additionally, those type grievances will not be referred to a staff member who is the subject of the complaint.

Provision (d):

- (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
- (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

The Policy contains the timelines regarding the grievance procedure for the initial response to the grievance. Timelines are provided that cover the appeal and an extension that the facility may claim, with written notice to the resident.

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 Policy provides the details regarding any third-party assistance to the resident and how to appeal the initial decision in response to the grievance. Third-party reporting or assistance to the resident regarding filing a grievance by a parent/guardian, another resident, staff member, or anyone else is outlined in Policy.

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.

A resident has the ability to make an allegation in writing and there is a process for the complaint to be investigated. If a written allegation of sexual abuse is received, it is reported to the appropriate investigative entities. The grievance form accommodates emergencies alleging sexual abuse or sexual harassment by instructing the resident to proceed to put the completed form in the grievance box once the top section of the grievance form is completed which asks for the resident's name and date. The subsequent steps of the grievance system may be skipped when it is an emergency grievance which is also stated on the grievance form. The Policy provides that an initial response be made within 48 hours of receipt of the grievance with a final decision made in five days and in accordance with stated timelines.

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.

The Policy provides that residents may be disciplined when false accusations are made. The resident may be disciplined when it is determined that a grievance was made in bad faith.

Conclusion:

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

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

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

115.353 (a)

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
Facility Policy, Access to Courts/Access to Counsel
Grievance Forms
Intake Acknowledgement Form
PREA Incident Initial Contact Checklist
PREA Information Materials

Interviews:

Residents
PREA Coordinator

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.

Information is provided in the Resident Handbook and through flyers, pamphlets and posters. The resident interviews revealed they have access to call the hotline for victim advocacy services at any time. Residents may use the telephone on each unit unassisted by staff. The MOU exists with SAOP and the services were verified with the SAOP Executive Director. Advocacy services are also available to alleged victims by the Athens County Children's Services upon request.

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.

The information is provided during the intake process. Policy and posted information address the confidentiality measures regarding advocacy services. Three residents out of five shared there were circumstances when the information would be shared with the Police. The information regarding confidentiality is provided and posted on the wall by the red telephone.

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.

A MOU exists between the facility and SAOP to provide confidential emotional support services. The services were confirmed by the SAOP Executive Director during the post audit phase telephone interview.

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.

Policies, Resident Handbook and interviews collectively revealed that residents are provided confidential access to their attorney or court representative and reasonable access to their parents or legal guardian. During the pandemic when visitation to the facility was suspended, youth were provided the opportunity to have increased communication with approved contacts. The interviews with the residents confirmed visitation with parents/legal guardians and attorneys or legal representatives is a practice at the facility.

Conclusion:

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

Standard 115.354: Third-Party Reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
Posters and Brochure
Resident Handbook
Third-Party Reporting Form
Acknowledgement Form (parents/guardians)
Website Information

Interviews:

Random Staff
Residents
Executive Director

Standard 115.354:

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.

The staff members are aware third-party reporting of sexual abuse or sexual harassment can be done and the information will be accepted and reported. Staff members reported that they are to document all verbal reports received as soon as possible. Staff may also report allegations privately through the use of the abuse reporting hotline. Information regarding reporting is posted in the facility and a third-party reporting form is on the facility's website. Information is also contained in the Resident Handbook.

Parents/guardians are provided information during the intake process regarding PREA and third-party reporting, including a third-party reporting form. The parents/guardians sign an acknowledgement statement upon receipt of the information. All residents interviewed indicated knowing 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 if needed.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and Agency Reporting Duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead

of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
Abuse and Neglect Statement
Statement of Confidentiality
Incident Report Form
PREA Incident/Supervisor Checklist

Interviews:

Random Staff
Nurse
Clinical Services Coordinator
Nurse
PREA Coordinator

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.

Policy, other documentation and interviews collectively support that 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. All allegations of sexual abuse and sexual harassment are reported and the proper authorities are notified. The PREA Coordinator will conduct administrative investigations and allegations that are criminal in nature are referred to law enforcement. Staff members are deemed as mandated reporters by the State and sign an Abuse and Neglect Statement confirming their duty to report and that they understand the Ohio State law.

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.

The Statement of Confidentiality form indicates that staff members understand their responsibility to protect program and resident related information and the conditions regarding the release of any type of information. This practice supports general confidentiality and that after allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary regarding the investigation, treatment and management decisions.

Provision (d):

(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The clinical staff interviewed indicated that residents are informed in writing and verbally of services and the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment.

Provision (e):

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Policy provides that reports of allegations of sexual abuse will be made to the investigative entities and other authorities, including the Ohio Department of Youth Services. The interview with the Executive

Director confirmed that a resident's caseworker rather than a parent/guardian would be notified where indicated. The resident's attorney and parents would be notified by the Executive Director or designee. The parents will be notified as soon as possible. The attorney of record will be notified within 14 days.

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.

All allegations are to be reported to the Executive Director/designee and the investigative entities, including the PREA Coordinator. Third-party and anonymous reports received must be reported and documented by staff as confirmed through staff interviews and are directed to the Executive Director and PREA Coordinator and allegations that are criminal in nature are referred to law enforcement. Allegations are also reported to Athens County Children's Services.

Conclusion:

The interviews revealed awareness of the requirements regarding the reporting duties. The Auditor determined compliance with the Standard.

Standard 115.362: Agency Protection Duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
Protective Watch Log

Interviews:

Executive Director
Random Staff
Residents

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.

The Policy supports the staff in protecting residents through implementing protective measures. Administration of the vulnerability intake screening instrument provides information that assists and guide staff in keeping residents safe through housing and program assignments. Another assessment instrument provides additional information which offer more insight and background in determining the risk level of each resident.

The Policy requires residents identified as being at risk for sexual victimization to be placed on protective watch under direct supervision until the risk is resolved. There were no residents identified as being at risk for sexual abuse in the past 12 months as revealed in interviews with the Executive Director and direct care staff. The interviews also revealed protective measures include but are not limited to contacting the Executive Director, PREA Coordinator and Supervisor and separating residents by changing housing resident's housing.

The Executive Director and staff indicated the expectation is that any action to protect a resident would be taken immediately. The review of the risk screening instrument revealed that during the intake process residents are asked about how they feel about their safety as part of the inquiries by staff completing paperwork and was verified when the residents were interviewed.

Conclusion:

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

Standard 115.363: Reporting to Other Confinement Facilities**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.363 (a)**

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:

Facility Policy, Resident Assault/Abuse/Harassment

Interview:

Executive Director

Provisions (a)-(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.

Policy provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director will notify the head of the facility where the alleged abuse occurred and also notify the appropriate investigative agency. The notification is made as soon as possible but no later than 72 hours of receipt of the allegation and the allegation will be documented. In the past 12 months, there were no allegations of sexual abuse occurring at another facility received by this facility.

Conclusion:

Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.364: Staff First Responder Duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Sexual Assault/Abuse/Harassment Policy
Initial Contact Checklist
Supervisor Checklist
Supervisor Checklist
PREA Incident/Staff Response to Victim-Post Trauma
Training Log
Training Certificates

Interviews:

Random Staff
Executive Director

Provision (a):

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (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.

Policy and training collectively provide that upon learning of an allegation that a resident was sexually abused, the staff response includes:

- a. Separate the victim and aggressor;
- b. Ensure appropriate medical attention;
- b. Preserve and protect any scene until appropriate steps can be taken to collect any evidence;
- c. Request alleged victim not take any actions that could destroy physical evidence
- d. Take actions to ensure alleged abuser does not take actions that could destroy physical evidence.
- e. Make proper notifications and complete reports.

The interviews with staff confirmed awareness of first responder duties and the training provided. The forms and checklist help to solidify the Policy guidance to staff regarding allegations or an incident of sexual abuse. There were no allegations or incidents where staff had to act as a first responder in the last 12 months.

Provision (b):

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.

Non-direct care staff who may act as a first responder would alert direct care staff and request that the victim not take any actions that could destroy physical evidence. There were no allegations or incidents where any staff member had to act as a first responder in the last 12 months.

Conclusion:

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 other documentation, training and interviews.

Standard 115.365: Coordinated Response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Sexual Assault/Abuse/Harassment Policy
Responding to a Sexual Assault/Abuse Incident
PREA Incident/Initial Contact Checklist and Other Checklists

Interviews:

Random Staff
Executive Director

Provision (a):

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.

The written coordinated response plan identifies the protocols to be followed by identified staff, aligned with the information in the Policy and Standard. The coordinated response plan includes the involvement of identified roles such as the first responder; clinicians and management staff. The staff is

familiar with the coordinated response that would be implemented in response to an allegation or incident of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility complies with the provisions of the standard.

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Labor-Management Relations Policy
Agreement between the facility and AFSCMF OC8

Interviewed:

Executive Director

Provision (a) and (b):

Provision (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreements that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Provision (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, at long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or

(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The Agreement does not limit the facility's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination whether and to what extent discipline is warranted. The Agreement does not restrict implementation of the applicable PREA Standards and the requirements of the Standard.

Standard 115.367: Agency Protection Against Retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

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

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Sexual Assault/Abuse/Harassment Policy
Retaliation Monitoring Form

Interviews:

Executive Director
PREA Coordinator

Provision (a):

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.

The Policy and form support protecting residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The PREA Coordinator ensures retaliation monitoring will occur.

Provision (b):

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.

Protective measures would include but are not limited to housing changes; transfers; personnel actions; and emotional support. The measures used to detect and protect staff and residents from retaliation by others are based on the provisions of Policy and the Standard.

Provision (c):

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

Policy and the retaliation monitoring checklist provide that the monitoring would occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The retaliation monitoring will go beyond 90 days if the need was indicated. The retaliation monitoring checklist is used

to document the monitoring which includes but not limited to status checks; review of behavior reports; and review of any housing and program changes.

Provision (d):

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

The Policy and interviews were indicative that status checks would occur as a part of retaliation monitoring. The review of the form indicates that the periodic status checks would occur.

Provision (e):

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

Individuals who cooperate with an investigation are also subject to monitoring if there is a concern regarding retaliation from a resident or staff member. Staff will take the appropriate measures to protect any related individuals against retaliation.

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.

Standard 115.368: Post-Allegation Protective Custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews:

Executive Director

Nurse

Clinical Services Coordinator

Provision (a):

The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

The facility does not have segregated housing and isolation is not used in this facility. There was no segregated housing observed during the comprehensive site review.

Conclusion:

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

INVESTIGATIONS

Standard 115.371: Criminal and Administrative Agency Investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Sexual Assault/Abuse/Harassment Policy
Memorandum of Agreement (MOA), Nelsonville Police Department
Letter of Agreement
MOU, Athens County Department of Children's Services

Interview:

PREA Coordinator

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.

The PREA Coordinator will conduct administrative investigations. In addition to being required, the completed investigation will be documented and conducted promptly, thoroughly and objectively for all allegations. The Letter of Agreement, signed by the Chief of Police and the facility's Executive Director, indicates that administrative allegations will be investigated by facility staff and allegations that are criminal in nature will be investigated by law enforcement.

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.

The Auditor reviewed the training certificates for the facility staff regarding investigations. The interview with the PREA Coordinator was aligned with the training and the standard. The Certificates of Completion are for online courses with the National Institute of Corrections. Allegations that are criminal in nature are investigated by the Nelsonville Police Department. Allegations of sexual abuse are also reported to the Athens County of Children's Services who investigates allegations where appropriate, according to the MOU. DNA evidence is collected at the hospital by the Sexual Assault Nurse Examiner.

Provision (d):

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

Investigations will not be terminated solely because the source of the allegation recants the allegation.

Provision (e):

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

The PREA Coordinator nor other staff conduct investigations that are criminal in nature, as confirmed by the interviews, Letter of Agreement and MOUs. It would be the responsibility of law enforcement to consult with prosecutors regarding compelled interviews.

Provision (f):

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

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; this would fall in the parameters of law enforcement. The credibility of an alleged victim, suspect, or witness is not assessed by the person's status as a resident or staff. This premise is supported by the interviews and training received by the PREA Coordinator.

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

PREA investigations would include an effort to determine whether staff actions or failures to act contributed to the abuse. The investigations will be completed with written reports as referred in the provisions and include a description of the physical and testimonial evidence and investigative facts and findings.

Provision (i):

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

It is the responsibility of law enforcement personnel with the Nelsonville Police Department to refer cases for prosecution.

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.

A report of an investigation is documented and maintained, according to agency, ODYS, Policy 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.

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.

Upon the start of an investigation, it will not end until the investigation has been completed as confirmed in the interview.

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 history of the investigative agencies supports the use of a uniform evidence protocol for use that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The Nelsonville Police Department is provided a copy of the PREA Standards.

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.

The interview and MOUs indicate that staff will cooperate with investigators. The PREA Coordinator is the point of contact for the investigative agencies. He stated that he would serve in a supportive role for the outside investigator.

Conclusion:

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

Standard 115.372: Evidentiary Standard for Administrative Investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:

Sexual Assault/Abuse/Harassment Policy

Interview:

PREA Coordinator

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.

Based on the Policy and interview, the facility does not impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Conclusion:

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

Standard 115.373: Reporting to Residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Sexual Assault/Abuse/Harassment Policy
 Follow-Up Report to Residents for PREA Related Incidents Form

Interviews:

Executive Director
 PREA Coordinator

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.

The Policy and form support the resident being informed when the investigation is completed and the outcome of the investigation. The findings of substantiated, unsubstantiated and unfounded are to be documented on the form.

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.

The PREA Coordinator will remain abreast of an investigation conducted by the investigative entities and receive a final investigative report. The resident will be informed utilizing the form, Follow-Up Report to Residents for PREA Related Incidents.

Provision (c):

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Policy and Follow-Up Report to Residents for PREA Related Incidents form require 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:

- 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.

Provision (d):

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Policy and aforementioned form provide that following a resident's allegation that he has been sexually abused by another resident the alleged victim shall be subsequently informed whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse.
- b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.

Provision (e):

All such notifications or attempted notifications shall be documented.

The Policy and Follow-Up Report to Residents for PREA Related Incidents form provide that the notification to the resident is documented. There were no allegations of sexual abuse or sexual harassment during this audit period.

Provision (f):

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

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

Conclusion:

The interviews and review of Policy confirmed the requirements and staffs' knowledge of the process of reporting to a resident regarding the outcome of an investigation.

DISCIPLINE

Standard 115.376: Disciplinary Sanctions for Staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:

Facility Policy, Probationary Term/Demotions and Terminations

Interview:

Executive Director

Provision (a):

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

The Policy and interviews provide that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. There were no allegations of sexual abuse or sexual harassment during this audit period.

Provision (b):

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

The Policy and interviews support that termination is the presumptive disciplinary sanction for staff who engaged in sexual abuse.

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.

Policy supports that disciplinary sanctions for violations relating to sexual abuse or sexual harassment, other than engaging in sexual abuse, will be subject to the facility's progressive disciplinary procedures and personnel policies.

Provision (d):

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

Policy provides that terminations for violations of the facility’s sexual abuse or sexual harassment policies will be reported to law enforcement, unless the activity is clearly not criminal, and to relevant licensing bodies. No staff member has been terminated for violating the facility’s sexual abuse or sexual harassment policies during this auditing period.

Conclusion:

Based upon the review of Policy and the interviews, the Auditor determined the facility is compliant with this standard regarding disciplinary sanctions for staff.

Standard 115.377: Corrective Action for Contractors and Volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Sexual Assault/Abuse/Harassment Policy
Facility Screening and Selection Policy

Interview:

Executive Director

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.

Contractors and volunteers who engage in sexual abuse are to be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies and contact is prohibited. Documentation and the interview with a contractor collectively confirm the facility provides contractors and volunteers a clear understanding that sexual misconduct with a resident is prohibited. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.

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.

The Policy and interviews collectively provide that any contractor or volunteer who violate the agency's sexual abuse or sexual harassment policies be prohibited from contact with residents and reported to law enforcement, unless the activity was clearly not criminal.

Conclusion:

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

Standard 115.378: Interventions and Disciplinary Sanctions for Residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

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

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Hearing Decisions
 Facility Policy, Rules of Conduct, Written
 Facility Policy, Disciplinary Hearing/Preparation
 Resident Handbook

Interviews:

Executive Director
 Clinical Coordinator

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.

Policies provide that dealing with PREA related rule violations and disciplinary sanctions are pursuant to an administrative process. The appropriateness of sanctions is weighed regarding the seriousness of the negative behavior. PREA related violations can result in the resident being removed from the facility and/or charges filed. There has not been an allegation of sexual abuse during the past 12 months. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities.

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.

Policy considers that disciplinary sanctions are commensurate with the nature and circumstances of the offense committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Isolation is not used in this facility. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities.

Provision (c):

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Disciplinary Hearing/Preparation Policy require that the disciplinary processes will consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction should be imposed. The interviews were aligned with the Policy.

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.

Where treatment may be provided for the victim, the appropriate treatment would also be provided for the perpetrator, if he remained in the facility. A resident's participation or non-participation in treatment services would not affect his receipt of programming or education services however it may affect rewards in the behavior management system.

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.

A resident would not be disciplined for sexual contact with staff unless there was a finding that the staff member did not consent to such contact.

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.

A report of sexual abuse made in good faith based on the belief that the alleged incident occurred does not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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 and/or removal from the facility may be made after determination the sexual activity was coerced.

Conclusion:

There have been no administrative or criminal findings of 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.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and Mental Health Screenings; History of Sexual Abuse

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentations Reviewed:

Facility Policy, Protection from Harm/Reporting Child Abuse/Neglect
Facility Policy, Screening for Sexual Aggression
Intake Screening Instrument
PREA Screening Referral
Sexual Violence Assessment Tool
Special Victimization Reporting/Consent Form
Statement of Confidentiality

Interviews:

Nurse
Clinical Coordinator
Youth Specialist Supervisor
PREA Coordinator

Provision (a) and (b):

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.

When a resident discloses prior victimization or abusiveness during the intake screening process, the youth will be referred to mental health staff within 14 days, according to Policy. The referral is documented on the PREA Screening Referral form.

Provision (c):

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

Policy and the signed Statement of Confidentiality address confidentiality of information regarding residents. The information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to the staff, as necessary, to inform security and make effective management decisions. Staff members sign the confidentiality statement which prohibits the sharing of information unless it's done in accordance with Policy. The residents' files are maintained in a secure manner. The interviews revealed that the clinicians, Intake Coordinator and PREA Coordinator have access to the information.

Provision (d):

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.

When informed consent is required, it is documented on the dedicated form, Special Victimization Reporting/Consent Form or in the case notes. Clinical staff members understand the informed consent process.

Conclusion:

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

Standard 115.382: Access to Emergency Medical and Mental Health Services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
 Facility Policy, Unimpeded Access to Care
 Medical Care Form
 Contact Checklists
 Responding to a Sexual Assault/Abuse Incident
 Training Log

Interviews:

Nurse
 Clinical Coordinator

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.

The Policies and interviews collectively support that timely and unimpeded emergency services regarding sexual abuse will be provided. Where indicated, the victim would be transported to the hospital for a forensic medical examination by a Sexual Assault Nurse Examiner, at no cost to the victim. The interviews revealed the medical and mental health services are determined according to the professional judgment of the practitioner. Residents are informed of and experience clinical services during the intake process. Observations and review of documentation revealed that medical and mental health staff members maintain secondary materials and documentation of encounters with residents. There have been no incidents of sexual abuse during this audit period.

Provision (b):

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

The interviews revealed that residents have unimpeded access to emergency services. The Policies and written coordinated response plan, Responding to a Sexual Assault/Abuse Incident, provide guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and/or transporting residents to the hospital, if indicated/instructed. A review of the written plan and Policies; observations of the interactions among residents and staff; and the interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

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.

Policy and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis at the hospital, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's treatment staff and/or transportation will be provided to support services coordinated by staff as indicated.

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.

Policy and interviews support that treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser, or cooperate with any investigation resulting from an allegation of sexual abuse or sexual assault.

Conclusion:

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

Standard 115.383: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

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

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Sexual Assault/Abuse/Harassment Policy
Facility Mental Health Services Policy
Intake Screening Form
Medical Care Form
PREA Screening Referral

Interviews:

Nurse
Clinical Coordinator

Provision (a):

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

Medical and mental health evaluation and treatment will be provided to resident victims of sexual abuse. The Policies and other documents and interviews collectively support medical and mental health services and treatment will be offered to all residents who have been victimized by sexual abuse. The interviews confirmed on-going medical and mental health care will be provided as appropriate.

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.

The interviews confirmed on-going medical and mental health care will be provided as appropriate and will include but not be limited to treatment planning; evaluations, and medical and mental health follow-up and referrals as needed. Follow-up services may also include facility staff coordinating and identifying services in the resident's community upon release or in other facilities upon a resident's transfer.

Provision (c):

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

Staff interviews and observations during the comprehensive site review revealed medical and mental health services are consistent with the community level of care and supported by the interviews.

Provision (d):

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

Only males are housed at this facility.

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.

Only males are housed at this facility.

Provision (f):

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

The interviews ensured that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.

Provision (g):

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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.

Policy provides that a mental health evaluation will be offered to known resident-on-resident abusers within 60 days of learning such. The facility provides sex offender counseling. All residents get a mental health evaluation on the day of admission to the facility and treatment is provided as deemed appropriate.

Conclusion:

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual Abuse Incident Reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Abuse/Assault/Harassment
Sexual Abuse and Sexual Assault Incident Review Checklist

Interviews:

Intake Coordinator
Executive Director

Provision (a):

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

The facility will conduct a sexual abuse incident review at the conclusion of a sexual abuse investigation, unless the allegation was unfounded. The staff understands the role of the incident review team. A review of the Policy and interviews confirmed incident reviews will be conducted as required. There were no allegations of sexual abuse during this audit period.

Provision (b):

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

The Policy requires that the review occurs within 30 days of the conclusion of the investigation. The interviews confirmed incident reviews would occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard.

Provision (c):

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

The Policy and interviews collectively identify the team as upper level management, Nurse, Clinical Coordinator, Youth Specialist Supervisor, and with input from Youth Specialists and the outside investigator where appropriate.

Provision (d):

The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- (4) Assess the adequacy of staffing levels in that area during different shifts;

- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. Staff confirmed the incident review team is charged with considering the related factors regarding the results of the investigation. It is required that the results of the meeting are documented, including recommendations for improvement. The Auditor concluded the incident review team would consider the factors required by the standard.

Provision (e):

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

The Policy directs the report be provided and the recommendations be implemented or the reasons for not doing so be documented. There were no allegations of sexual abuse during this audit period.

Conclusion:

Based upon the Policy and interviews, the Auditor has determined the facility is compliant with this standard.

Standard 115.387: Data Collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Sexual Assault/Abuse/Harassment
Data Collection for PREA Incidents 2019

Interview:

PREA Coordinator

Provisions (a) & (c):

Provision (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Provision (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The facility collects data and the Survey of Sexual Victimization, formerly known as the Survey of Sexual Violence, is completed upon request. The facility participates in the data collection conducted by the Ohio Department of Youth Services (ODYS), based on the PREA data in the facility the previous year.

Provision (b):

The agency shall aggregate the incident-based sexual abuse data at least annually.

The facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The data is aggregated annually and it contributes to the development of the annual report for the facility and the data provided to the Ohio DYS PREA Administrator which contributes to the agency's annual PREA report which includes all contract facilities.

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.

The facility collects and maintains data and related documents regarding PREA information as applicable and that is aligned with the request by ODYS. The facility collects and maintains data and aggregates the data which culminates into a compiled data report for the facility and contributes to the annual report for the agency, ODYS. The facility reports no allegations or incidents of sexual abuse or sexual harassment for this audit period.

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.

The facility does not contract with other facilities for the confinement of its residents.

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.

According to Policy, upon request, the facility provides all such data from the previous calendar year to the Department of Justice in a timely manner as requested and based on the year of the most recent version of the Survey of Sexual Victimization.

Conclusion:

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

Standard 115.388: Data Review for Corrective Action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy, Juvenile Records
Facility Policy, Sexual Assault/Abuse/Harassment
Annual Reports

Interviews:

PREA Coordinator
Executive Director

Provision (a): The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.

The interviews support the review of data collected and aggregated that may be used to improve the PREA efforts. The interviews revealed familiarity with the collection of program data and the review and tracking of incident reports, where applicable. Processes and data, where applicable, is reviewed to assess and improve the effectiveness of prevention, detection, and response and for preparing and contributing to annual reports and for quality assurance activities. The facility's data is a part of the statewide annual report prepared by the ODYS PREA Administrator.

Provisions (b)-(d):

Provision (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Provision (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

Provision (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Reports are prepared by the PREA Coordinator and approved by the Executive Director. The annual report has been reviewed and is posted on the facility's website. There are no personal identifiers in the report and comparison data on the website is provided.

Conclusion:

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

Standard 115.389: Data Storage, Publication, and Destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Juvenile Records
Annual Reports

Interview:

PREA Coordinator

Provision (a)-(d):

Provision (a): The agency shall ensure that data collected pursuant to §115.387 are securely retained.

Provision (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

Provision (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Provision (d): The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The Policy provides that all data collected will be securely stored and maintained for at least 10 years. The aggregated sexual abuse data is available to the public through the facility's website. A review of annual reports verified there are no personal identifiers. The ODYS annual report which incorporates the facility's data is posted on the agency's website and also has no personal identifying data. All facility records are securely stored, available only to authorized individuals.

Conclusion:

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and Scope of Audits

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

115.401 (a)

- During the 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- 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 No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The staff provided the Auditor with the required documentation and as requested by the Auditor. A comprehensive site review was provided to the Auditors and additional documentation was provided during the pre-onsite and post audit phases. The facility's PREA Coordinator, other facility staff, and the ODYS PREA Administrator were cooperative in providing information and participating in or facilitating the interviews. The cameras were viewed by the Auditors during the comprehensive site review.

Appropriate space and privacy were provided during the remote interviews during the pre-onsite audit phase. The posted notices regarding the audit were observed in the facility and confirmed through the interviews with residents. The notices provided directions and contact information, informed readers of how to contact the Auditor and that they could remain anonymous upon request. A process for confidential correspondence exists in the facility however no correspondence was received by the Auditor.

Standard 115.403: Audit Contents and Findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:

PREA Reports

Interview:

PREA Coordinator

Provision (f):

The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

The posted PREA reports do not contain any personal identifying information other than names and job titles. The facility's policies and additional documentation, practices and interviews were reviewed regarding compliance with the standards and have been identified in this report. The audit findings were based on a review of policies, procedures, supporting documentation, observations, and interviews. There were no conflicts of interest regarding the completion of this current audit. The current report does not contain any personal identifying information other than names and job titles.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Shirley L. Turner

September 30, 2020

Auditor Signature

Date

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

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