

# PREA Facility Audit Report: Final

**Name of Facility:** Hocking Valley Community Residential Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Shirley Turner	<b>Date of Signature:</b> 08/17/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Turner, Shirley
<b>Email:</b>	shirleyturner3199@comcast.net
<b>Start Date of On-Site Audit:</b>	07/24/2023
<b>End Date of On-Site Audit:</b>	07/24/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Hocking Valley Community Residential Center
<b>Facility physical address:</b>	111 West Twenty Nine Drive, Nelsonville, Ohio - 45764
<b>Facility mailing address:</b>	111 W TWENTY-NINE DRIVE, NELSONVILLE, Ohio - 45764

<b>Primary Contact</b>	
<b>Name:</b>	Neil Sommers
<b>Email Address:</b>	NSommers@HVCRC.K12.OH.US
<b>Telephone Number:</b>	7407534400

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Robert Bowser
<b>Email Address:</b>	BBowser@HVCRC.K12.OH.US
<b>Telephone Number:</b>	7407534400

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Josh Frick
<b>Email Address:</b>	jfrick@hvcrc.k12.oh.us
<b>Telephone Number:</b>	O: 7407534400
<b>Name:</b>	Jodie Lewis
<b>Email Address:</b>	jlewis@hvcrc.k12.oh.us
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	PJ Conrath
<b>Email Address:</b>	pguthrie22@gmail.com
<b>Telephone Number:</b>	7407534400

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	24
<b>Current population of facility:</b>	9

<b>Average daily population for the past 12 months:</b>	11
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12-17
<b>Facility security levels/resident custody levels:</b>	low
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	26
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

### AGENCY INFORMATION

<b>Name of agency:</b>	Hocking Valley Community Residential Center Executive Board
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	111 West 29 Drive, Nelsonville, Ohio - 45764
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

### Agency Chief Executive Officer Information:

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Neil Sommers	<b>Email Address:</b>	Nsommers@hvcrc.k12.oh.us

## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

#### Number of standards exceeded:

0	
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#### Number of standards met:

43	
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#### Number of standards not met:

0	
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-24
2. End date of the onsite portion of the audit:	2023-07-24

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	11
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

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

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>There were a total of 11 residents upon the Auditor's arrival to the facility. One resident was released by the time the Auditor began interviewing residents.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>26</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	5
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
<b>If "None," explain:</b>	Interviewed all residents in the facility at the time.
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Interviewed all residents in the facility at the time.

<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

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

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

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

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Conferred with staff.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Conferred with staff.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Conferred with staff.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have segregated housing and isolation is not used for residents at risk for sexual victimization.</p>

<b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	12
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<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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<b>If "Other," describe:</b>	Consideration is also given to race, gender and ethnicity in an effort to diversify the interview pool as much as possible.
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<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
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**Specialized Staff, Volunteers, and Contractor Interviews**

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

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	8
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	There are no volunteer services in the facility at this time.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

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

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

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	1	0	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

1

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

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

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

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

### Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

2

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Correctional Management and Communications Group, LLC

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Organization Chart</p> <p><b>Interviews:</b></p> <p>PREA Coordinator</p> <p>Random Staff</p> <p>Residents</p> <p><b>Provision (a):</b></p> <p>An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to</p>

preventing, detecting, and responding to such conduct.

The primary PREA Policy, Sexual Assault/Abuse/Harassment 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.

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 Coordinator, a facility upper level management position, serves as the PREA Coordinator. 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 facility has a designated PREA Compliance Manager and in that role assists and provides support to the PREA Coordinator. The PREA Coordinator and PREA Compliance Manager 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.

	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Interviews:</b></p> <p>Agency Head/Agency Contract Administrator</p> <p><b>Provision (a) and (b):</b></p> <p><b>Provision (a):</b></p> <p>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. <b>Provision (b):</b> Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>There is no evidence the facility contracts with other entities for the confinement of its residents. The interviews confirmed the facility does not contract with other entities for the confinement of its residents.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and the staff interviews, the Auditor determined the facility is compliant with this standard.</p>

<p><b>115.313</b></p>	<p><b>Supervision and monitoring</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Supervision Policy</p> <p>Juvenile Movement Policy</p> <p>Inspection-Occupied and Unoccupied Area Inspections Policy</p> <p>Staffing Plan</p> <p>Staffing Plan Annual Evaluation</p> <p>PREA Unannounced Inspection Forms</p> <p>Staffing Plan Annual Evaluation</p>

Work Schedules

Shift Supervisor's Report

**Interviews:**

Superintendent

PREA Coordinator

Intermediate or Higher-Level Staff

**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 1:12 during the sleeping hours. The facility's staffing plan, internal controls and management ensures that the ratios are maintained. Management will increase staff if a situation warrants it and in accordance with the policies.

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 interviews, review of Policy, and 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; number and placement of supervisory staff; programs or activities occurring on a particular shift; 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 during the waking hours and 1:16 during the sleeping hours 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. Policy requires two staff members to work at night, creating a 1:12 ratio for the facility during the sleeping hours. The deviations from the internal staffing ratio are documented on the Shift Supervisor's Reports.

**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 staffing ratios, in accordance with policy, provide for a 1:8 ratio during the waking hours and 1:12 ratio during the sleeping hours. 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 members are included in the staffing 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 communication between the PREA Coordinator and Executive Director (ED)/Agency Head and the report is provided to the ED. The annual assessment was conducted on September 22, 2022. The document reviews but is not limited to the following areas: prevailing staffing patterns; review of staffing plan; electronic monitoring system; any safety and security problems; need for any resources; and any recommended changes.

**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

	<p>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.</p> <p>Policy and the interview with intermediate staff confirm the occurrence of unannounced rounds. The unannounced rounds are documented and are conducted by management and supervisory staff. 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.</p> <p>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. The areas visited during the unannounced rounds include but are not limited to all pods; all bathrooms and showers; kitchen; gymnasium; and Nurse's office. The results of the unannounced rounds are recorded on the PREA Unannounced Inspection Form.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and the staff interview, the Auditor determined the facility is adhering to this standard.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Control of Contraband Policy</p> <p>Juvenile Movement Policy</p> <p>Request for Body Cavity Search Form</p> <p>Training PowerPoint and Materials</p> <p>Training Certificates</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Residents</p> <p>PREA Coordinator</p>

**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; the wand is used. If hidden contraband poses a threat, staff must contact the Nelson Police Department to conduct the search. 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.

The training certificates and materials document that staff receives training on how to conduct searches using the wand and how to search residents' rooms. 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 with 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. Viewing of the camera 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 and by searching rooms and examining the youth's clothing. The training materials and interviews document the training received. The training includes for searches to be conducted in a

	<p>professional and respectful manner and the least intrusive manner possible, supported by policy and interviews. The documentation and staff interviews provide that search training is conducted.</p> <p><b>Conclusion:</b></p> <p>Based on the reviewed documentation, observations, and interviews, the Auditor determined compliance with this standard.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents:</b></p> <p>Prohibition of Discrimination on the Basis of Disability Regarding Services Provided Policy</p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Memorandum of Understanding (MOU), Athens-Meigs Educational Service Center</p> <p>Training PowerPoint - PREA Education for Youth with Disabilities</p> <p>Training Hours Certification Forms</p> <p>Technology Accommodation for Deaf Residents</p> <p>Physical Accommodations for Deaf Residents</p> <p>Sign Language Poster</p> <p>PREA Information in Spanish</p> <p>Safety Plan in Spanish and Braille</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>PREA Coordinator</p> <p><b>Provision (a):</b></p> <p>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</p>

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. Policy prohibits use of resident readers or interpreters; confirmed by staff interviews. Staff members received training in PREA education for Youth with Disabilities as evidenced through the training curriculum, Training Hours Certification Form, and staff interviews.

The facility has a MOU with the Athens-Meigs Educational Service Center for translation of education materials. The MOU also provides for interpreter services as needed for the deaf; hard of hearing; blind; low vision; and intellectual, psychiatric, or speech disabilities or otherwise disabled. The onsite education staff also provides and assists with the provision of support services to residents due to their background and training and have access to the interpreters, technology and resource materials.

The facility has mental health staff to assist in providing support services as needed. PREA information is available to residents in English and Spanish. A dedicated form is used for requesting accommodations for residents with disabilities or limited English proficient. Accommodations for residents that are blind, low vision, and/or deaf include locks on bathroom doors that say "occupied/vacant" with each word color-coded, sign language poster, timer, and/or 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

	<p>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 may be accessed when the need arises. Access to the support services exist and will be provided by interpreters who can interpret effectively, accurately, and impartially.</p> <p><b>Provision (c):</b></p> <p>The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.</p> <p>Policy prohibits the use of resident readers and interpreters except when a delay in obtaining 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 and may be printed in other languages as needed.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Employee Promotion Policy</p> <p>Criminal Records Check Policy</p> <p>Personnel Records</p> <p><b>Interview:</b></p> <p>Human Resources Staff</p> <p><b>Provision (a) and (f):</b></p> <p><b>Provision (a):</b> The agency shall not hire or promote anyone who may have contact</p>

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. Personnel records are inclusive of completed background checks and hiring documents. Background checks are conducted through the Ohio Bureau of Criminal Investigation and the Federal Bureau of Investigation.

Policies, supporting documentation, and the interview 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 application process includes determining if the prospective employee has attempted, engaged or was convicted of sexual abuse.

**Provision (b):**

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

Policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and the documentation reveals 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) and (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. The review of policy, supporting documentation and the interview document 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.

Based on the interview, review of policy and the job application, it was determined that 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 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.

	<p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility meets the provisions of the standard.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Document:</b></p> <p>Floor Plan</p> <p><b>Interviews:</b></p> <p>Superintendent/Agency Head</p> <p>PREA Coordinator</p> <p><b>Provision (a):</b></p> <p>If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse?</p> <p>The agency has not acquired a new facility or made a substantial expansion to the existing facility since the last PREA audit in 2020.</p> <p><b>Provision (b):</b></p> <p>If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>The review of the electronic monitoring system is a part of the Staffing Plan Annual Evaluation conducted by the PREA Coordinator. Upgrades to the system have been made in the past to continually support direct supervision by staff as a part of the efforts to keep residents safe. Since the last PREA audit in 2020, alarms have been added in a pod (living unit) to enhance the surveillance system in controlling movement in that area. An alarm has been added to the lower door and a laser alarm has been added at the top of the stairs in the pod.</p> <p><b>Conclusion:</b></p> <p>Based on the evidence, the Auditor determined the facility is compliant with the standard.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Abuse/Abuse/Harassment Policy</p> <p>Memorandum of Understanding (MOU), Nelsonville Police Department</p> <p>MOU, Athens County Children’s Services</p> <p>MOU, Ohio Health O’Bleness Hospital</p> <p>MOU, Child Advocacy Center</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>PREA Coordinator</p> <p>Medical Staff</p> <p>Advocacy Agency Representative</p> <p><b>Provisions (a) and (b):</b></p> <p><b>Provision (a):</b> To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. <b>Provision (b):</b> The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>The documentation and interviews provide that 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 that are criminal in nature will be investigated by the Nelsonville Police Department. Several staff members have received the investigative training; however, the PREA Coordinator is currently responsible for conducting administrative investigations regarding PREA related issues.</p> <p>The interviews confirmed that allegations that are criminal in nature are referred to local law enforcement and allegations are also reported to Athens County Children’s Services. There is awareness of protocol for obtaining usable physical evidence and knowledge of the entities responsible for conducting investigations. There has been</p>

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 medical staff member and the MOU confirmed that forensic medical services will be provided by a qualified medical practitioner.

**Provisions (d) and (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 representative provide that SAOP will provide victim advocacy services that include but are not limited to emotional support, referral services, and information. The advocacy agency representative 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) and (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.

**Conclusion:**

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

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 635 376"><b>Documents Reviewed:</b></p> <p data-bbox="280 412 855 448">Sexual Abuse/Assault/Harassment Policy</p> <p data-bbox="280 483 1273 519">Memorandum of Understanding (MOU), Nelsonville Police Department</p> <p data-bbox="280 555 568 591">Investigative Report</p> <p data-bbox="280 627 459 663"><b>Interviews:</b></p> <p data-bbox="280 698 475 734">Random Staff</p> <p data-bbox="280 770 699 806">Superintendent/Agency Head</p> <p data-bbox="280 842 798 878">PREA Coordinator/Investigative Staff</p> <p data-bbox="280 913 494 949"><b>Provision (a):</b></p> <p data-bbox="280 985 1334 1066">The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="280 1102 1465 1424">An administrative or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment, in accordance with policy and the MOU. Staff members are to report all allegations of sexual abuse and sexual harassment. All allegations that are criminal in nature are reported to the Nelsonville Police Department and the child welfare agency. There have been no allegations of sexual abuse and one allegation of sexual harassment during this audit report. The allegation of sexual harassment received an administrative investigation and was determined to be unfounded.</p> <p data-bbox="280 1460 619 1496"><b>Provision (b) and (c):</b></p> <p data-bbox="280 1532 1474 1863"><b>Provision (b):</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. <b>Provision (c):</b> If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p data-bbox="280 1899 1481 2060">PREA reporting information is located on the facility's website and within the facility. The MOU, policy, investigative report, and interviews confirmed allegations of sexual abuse and sexual harassment will be investigated. Administrative investigations that are PREA related are conducted by the PREA Coordinator. Allegations that are</p>

criminal in nature are investigated by law enforcement and may be investigated by the child welfare agency, 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 determined the facility is compliant with this standard.

115.331	Employee training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents:</b>  Sexual Abuse/Assault/Harassment Policy  PowerPoint Training  Sign-In Sheets  Post Training Tests  Training Certificates  <b>Interviews:</b>  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; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (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.

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 materials, and meetings. Staff interviews and policy support that some form of refresher training is conducted at least annually. All random staff interviewed, policy and training materials document the general topics in this standard provision are included in the training.

**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.

	<p>The PREA training is documented through tests upon training completion and on training certificates and was verified through staff interviews.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.</p>
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115.332	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Sexual Abuse/Assault/Harassment Policy</p> <p>PowerPoint Training</p> <p>Post Training Tests</p> <p>Sign-In Sheets</p> <p>Brochure</p> <p>Training Certificates</p> <p>Acknowledgement Statements</p> <p><b>Interviews:</b></p> <p>Two Contractors</p> <p><b>Provision (a):</b></p> <p>The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>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. There are no volunteer services in the facility at this time. Contractors and volunteers are provided the brochure, A Guide to the Prevention and Reporting of Sexual Misconduct with Residents. The training acknowledgement statement also verify the training occurs.</p> <p><b>Provision (b):</b></p>

	<p>The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The interviews, 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 contractors revealed familiarity with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report allegations.</p> <p><b>Provision (c):</b></p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The acknowledgement statements and training materials confirm the understanding of the training.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.</p>
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Memorandum of Understanding (MOU), Athens-Mt. Meigs Educational Service Center</p> <p>PREA Orientation Video</p> <p>Intake Acknowledgement Statements</p> <p>Resident Handbook</p> <p>Youth Safety Guide</p> <p>PREA Group Training Rosters</p>

Need for Assistance/Interpretation of Sexual Abuse, Sexual Assault, and Sexual Harassment Information Forms

**Interviews:**

Residents

Intake Staff

**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.

Policy and other documentation support that all youth admitted to the facility 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 intake orientation and PREA education sessions, review of training materials, and interviews 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. PREA information is posted throughout the facility accessible to residents at varying eye levels. 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), interviews, and resident roster, it is evident that residents receive PREA education. The facility documents that 13 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 (ESC). There is documentation on the dedicated form showing accommodations implemented for residents with identified needs. The MOU provides for translation of education materials to residents that are limited English proficient. The ESC also agrees to provide interpreters as needed to provide translation for special needs as identified in this provision of the standard.

The facility also has the on-site education contractors through the Athens-Meigs ESC and mental health staff that provide services and ensure that all residents 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, training materials, 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 Intake Staff 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 throughout the facility and contained in 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, accessible to all residents and staff.

	<p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Memorandum of Understanding (MOU), Nelsonville Police Department</p> <p>MOU, Athens County Children’s Services</p> <p>Training Certificates</p> <p><b>Interview:</b></p> <p>PREA Coordinator</p> <p><b>Provision (a) and (b):</b></p> <p><b>Provision (a):</b> In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. <b>Provision (b):</b> Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The 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 which is aligned with policy and the standard.</p> <p><b>Provision (c):</b></p> <p>The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse</p>

	<p>investigations.</p> <p>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.</p> <p><b>Provision (d):</b></p> <p>Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p>The 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.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>MOU, Nelsonville Police Department</p> <p>MOU, Athens County Children’s Services</p> <p>Training Certificates</p> <p><b>Interviews:</b></p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p><b>Provision (a):</b></p> <p>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</p>

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, evidenced through training documents and interviews. 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.

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Documents:**

Sexual Assault/Abuse/Harassment Policy

Screening for Sexual Aggression Policy

Intake Screening Instruments

**Interviews:**

Risk Screener

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. Youth are 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. The screening instrument is ruled-based and has a uniform list of risk factors.

**Provision (c):**

At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The 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 screening instrument contains the items required by this provision of the standard. The interview with the staff that performs the screening for risk of victimization and abusiveness 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 may also be gleaned from these documents. The information to complete the risk screening instrument is gained primarily from interviewing the youth and supportive resources such as court records. The risk screener ensures all youth's understanding of the questions and takes special care with lower functioning youth.

**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 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; paperwork is maintained in lockable

	<p>cabinets behind lockable doors. Staff members are governed by facility policy regarding confidentiality.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard.</p>
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115.342	Placement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Facility Policy, Sexual Assault/Abuse/Harassment</p> <p>Facility Policy, Protection from Harm</p> <p>Intake Screening Instruments</p> <p><b>Interviews:</b></p> <p>Risk Screener</p> <p>Residents</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>Random Staff</p> <p><b>Provision (a):</b></p> <p>The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Policies provide guidance to staff regarding the use of the information obtained from the screening instrument. The screening information is used to inform staff of information for housing; identify vulnerable residents regarding victimization; identify residents who may be a perpetrator; and identify any needs for implementation of protective measures.</p>

**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 and interviews. 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 youth 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 risk screener.

**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.

Housing and program assignments for transgender or intersex residents will be made on a case-by-case basis. Policy and the assessment instrument provide for consideration of the resident's concern for their own safety. The interviews 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 risk screener 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. There were no targeted interviews in this area.

**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 as determined by review of policy and samples of the screening 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.

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**Documents:**

Sexual Assault/Abuse/Harassment Policy

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.

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 Resident Grievance Form is contained in the Resident Handbook and Forms are available on each living unit. Locked grievance boxes are also accessible to all 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 the posted hotline to report allegations of sexual 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, through third-parties and are required 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. The abuse reporting hotline through Athens County Children Services also receives third party reports as stated in the MOU.

**Provision (d):**

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

	<p>report.</p> <p>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 a Resident Grievance Form. Additionally, Resident Grievance Forms are accessible to the residents on the living units.</p> <p><b>Provision (e):</b></p> <p>The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>The staff interviews 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 one of the Judges; writing a note to management staff or a supervisor; or talking to the Executive Director, PREA Coordinator, or supervisor;</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Grievance Procedure Policy</p> <p>Resident Handbook</p> <p>Resident Grievance Form</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Residents</p> <p><b>Provision (a):</b></p> <p>An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p>

The facility has an administrative grievance process for the residents. The grievance process is outlined in the policy and has the same corresponding timelines as the standard. There was one grievance submitted and contained the allegation of sexual harassment.

**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 .

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. Policy provides for the provisions of this 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. Those type grievances will not be referred to a staff member who is the subject of the complaint, in accordance with policy.

**Provision (d):**

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

Policy 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.

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 Resident 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 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, in accordance with stated timelines.

**Provision (g):**

	<p>The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>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.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Access to Courts/Access to Counsel Policy</p> <p>Residence Grievance Form</p> <p>Posted PREA Information</p> <p>PREA Pamphlets</p> <p><b>Interviews:</b></p> <p>Residents</p> <p>PREA Coordinator</p> <p><b>Provision (a):</b></p> <p>The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p>

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 an agency representative.

**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. 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 representative 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. The interviews, Resident Handbook, visitation logs, and policy document that 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.

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Posters and Brochure</p> <p>Resident Handbook</p> <p>Third-Party Reporting Form</p> <p>Website Information</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Residents</p> <p><b>Standard 115.354:</b></p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>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 and the third-party reporting form. 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.</p> <p>Third-party reporting forms are kept in the lobby at the reception desk and are maintained on the facility's website. Parents/guardians are provided information during the intake process regarding PREA and third-party reporting, including a third-party reporting form. 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.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**Documents:**

Sexual Assault/Abuse/Harassment Policy

Protection from Harm/Reporting of Child Abuse/Neglect Policy

**Interviews:**

Random Staff

Medical Staff

Mental Health Staff

**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.

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, as confirmed by the interviews and policies. Allegations of sexual abuse and sexual harassment are reported and the proper authorities will be notified. Administrative investigations will be investigated by the PREA Coordinator and allegations that are criminal in nature are referred to law enforcement. Staff members are considered mandated reporters by the State and in accordance with the Ohio State law. The Abuse and Neglect Statement, which is a part of the Protection from Harm/Reporting of Child Abuse/Neglect Policy, requires staff's signature indicating their understanding of the responsibility to report.

**Provision (c):**

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policy is clear regarding the responsibility of staff members to protect program and resident related information and the conditions regarding the release of any type of information. Adherence to facility policy and the interviews support 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.

Mental health and medical staff indicated that residents are informed in writing and verbally of services and the limitations of confidentiality and the duty of the staff 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 Superintendent interview protocol 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 and 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.

	<p>Allegations criminal in nature are referred to law enforcement. Allegations are also reported to Athens County Children Services.</p> <p><b>Conclusion:</b></p> <p>Based on the evidence, the Auditor determined compliance with this standard.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Protective Watch Log - Risk of Imminent Sexual Abuse</p> <p><b>Interviews:</b></p> <p>Superintendent/Agency Head</p> <p>Random Staff</p> <p>Residents</p> <p><b>Provision (a):</b></p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>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. Additional assessments also provide information which offer more insight and background in determining the risk level of each resident.</p> <p>Policy requires residents identified as being at risk for sexual victimization to be placed on Protective Watch under direct supervision, constantly in line of sight, until the risk is resolved. There were no residents identified as being at risk for sexual abuse in the past 12 months. The interviews revealed protective measures include but are not limited to Protective Watch; contacting the Executive Director, PREA Coordinator and/or Supervisor; and separating residents by changing resident's housing.</p> <p>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.</p>

	<p>Any or all of the protective measures may be implemented immediately, according to the interviews.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Document:</b></p> <p>Resident Assault/Abuse/Harassment Policy</p> <p><b>Interview:</b></p> <p>Superintendent/Agency Head</p> <p><b>Provisions (a)-(d):</b></p> <p><b>Provision (a):</b> Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. <b>Provision (b):</b> Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. <b>Provision (c):</b> The agency shall document that it has provided such notification. <b>Provision (d):</b> The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>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 the this facility during this audit period.</p> <p><b>Conclusion:</b></p> <p>Based upon the information received and interview, the Auditor determined the facility is compliant with this standard.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 472 378"><b>Documents:</b></p> <p data-bbox="280 412 855 445">Sexual Assault/Abuse/Harassment Policy</p> <p data-bbox="280 479 619 512">Initial Contact Checklist</p> <p data-bbox="280 546 571 580">Supervisor Checklist</p> <p data-bbox="280 613 651 647">Escort/Transport Checklist</p> <p data-bbox="280 680 1015 714">PREA Incident/Staff Response to Victim-Post Trauma</p> <p data-bbox="280 770 459 804"><b>Interviews:</b></p> <p data-bbox="280 837 475 871">Random Staff</p> <p data-bbox="280 904 497 938"><b>Provision (a):</b></p> <p data-bbox="280 972 1426 1050">Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <p data-bbox="280 1084 1474 1509">(1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="280 1532 1426 1621">Policy and training collectively provide that upon learning of an allegation that a resident was sexually abused, the staff response includes:</p> <ul style="list-style-type: none"> <li data-bbox="280 1644 817 1688">a. Separate the victim and aggressor;</li> <li data-bbox="280 1711 855 1756">b. Ensure appropriate medical attention;</li> <li data-bbox="280 1778 1426 1868">b. Preserve and protect any scene until appropriate steps can be taken to collect any evidence;</li> <li data-bbox="280 1890 1461 1935">c. Request alleged victim not take any actions that could destroy physical evidence</li> <li data-bbox="280 1957 1426 2047">d. Take actions to ensure alleged abuser does not take actions that could destroy physical evidence.</li> </ul>

	<p>e. Make proper notifications and complete reports.</p> <p>Staff interviews confirmed awareness of first responder duties and the training provided. The forms and checklists help to reinforce and ensure the implementation of the policy and procedures 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. There were no allegations of sexual abuse; one allegation of sexual harassment during this audit period.</p> <p><b>Provision (b):</b></p> <p>If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>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.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Responding to a Sexual Assault/Abuse Incident</p> <p>PREA Incident/Initial Contact Checklist</p> <p>Supervisor PREA Checklist</p> <p>Escort/Transport Checklist</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Superintendent</p> <p><b>Provision (a):</b></p>

	<p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The written coordinated response plan identifies the protocols to be followed by identified staff, aligned with the information in policy and the Standard. The coordinated response plan includes the involvement of identified roles such as the first responder; medical staff; mental health staff; 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.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility complies with the provisions of the standard.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Labor-Management Relations Policy</p> <p>Agreement between the facility and AFSCME OC 8</p> <p><b>Interviewed:</b></p> <p>PREA Coordinator</p> <p>Superintendent/Agency Head</p> <p><b>Provision (a) and (b):</b></p> <p><b>Provision (a):</b> Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreements that limits the agency’s ability to remove alleged staff sexual abusers form contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. <b>Provision (b):</b> Nothing is this standard shall restrict the entering into on renewal of agreements that govern: (1) The conduct of the disciplinary process, at long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the</p>

	<p>allegation of sexual abuse is not substantiated.</p> <p>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.</p> <p><b>Conclusion:</b></p> <p>Based on the evidence, the facility is compliant with this standard.</p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Retaliation Monitoring Form</p> <p><b>Interviews:</b></p> <p>Superintendent/Agency Head</p> <p>PREA Coordinator/Retaliation Monitor</p> <p><b>Provision (a):</b></p> <p>The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>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. There were no allegations of sexual abuse during this audit period.</p> <p><b>Provision (b):</b></p> <p>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</p>

staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Protective measures that may be implemented as needed 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 policy including alerting supervisors and management staff.

**Provision (c):**

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue 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 is indicated, per the interview. The retaliation monitoring checklist is used to document the monitoring which includes but is not limited to status checks; review of behavior reports; and observations of verbal and non-verbal interactions between staff and youth.

**Provision (d):**

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

Policy and interviews confirmed that status checks would occur as a part of retaliation monitoring. The review of the form indicates that the periodic status checks would occur. There were no allegations of sexual abuse or sexual harassment.

**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):**

	<p>An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>The facility's obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Interviews:</b></p> <p>Superintendent</p> <p>Mental Health</p> <p><b>Provision (a):</b></p> <p>The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>The facility does not have segregated housing and isolation is not used in this facility as confirmed through observations and interviews.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of Policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Memorandum of Understanding (MOU), Nelsonville Police Department</p>

MOU, Athens County Department of Children's Services

Investigative Report

**Interview:**

Investigative Staff

**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 conducts administrative investigations and allegations that are criminal in nature are referred to the Nelsonville Police Department and the child welfare agency. The investigative staff responsible for administrative investigations will conduct and document investigations promptly, thoroughly and objectively. The MOA indicates that allegations that are criminal in nature will be investigated by investigators from the Nelsonville Police Department.

**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 interview and training certificates confirm the required training for conducting administrative investigations. 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 child welfare agency, Athens County Children Services, that investigates allegations where appropriate. DNA evidence is collected at the hospital by a qualified medical practitioner.

**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, according to policy and the interview.

**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 investigative staff does not conduct investigations that are criminal in nature, as confirmed by the interview, policy, and MOU. 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, in accordance with the interview and training received.

**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 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, Ohio Department of Youth Services, 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 has been provided a copy of the PREA Standards. The MOU indicates that the Nelsonville Police Department will conduct PREA investigations pursuant to the requirements of the provisions of the standard.

**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 MOU indicate that staff will cooperate with investigators. The PREA Coordinator is the point of contact for the investigative agencies and will serve in a supportive role for an outside investigative agency.

**Conclusion:**

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

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>Document:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p><b>Interview:</b></p> <p>Investigative Staff</p> <p><b>Provision (a):</b></p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>There is no standard used, regarding investigations, that is higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, according to policy and the interview.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the Policy, training and interview, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Follow-Up Report to Residents for PREA Related Incidents Form</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Investigative Staff</p> <p><b>Provision (a):</b></p> <p>Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>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. The were no</p>

allegations of sexual abuse during this audit period.

**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 investigative staff/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.

Policy and the form, Follow-Up Report to Residents for PREA Related Incidents, 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.

	<p>b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.</p> <p><b>Provision (e):</b></p> <p>All such notifications or attempted notifications shall be documented.</p> <p>The policy and Follow-Up Report to Residents for PREA Related Incidents form provide that the notification to the resident be documented. There were no allegations of sexual abuse or sexual harassment during this audit period.</p> <p><b>Provision (f):</b></p> <p>An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>The facility's obligation to report under this standard terminates if the resident is released from the facility's custody.</p> <p><b>Conclusion:</b></p> <p>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 of an allegation of sexual abuse.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Document:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p><b>Interview:</b></p> <p>Superintendent</p> <p><b>Provision (a):</b></p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The policy and interview 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 and one allegation of resident-on-resident sexual harassment during this audit period.</p> <p><b>Provision (b):</b></p>

	<p>Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>The policy and interview support that termination is the presumptive disciplinary sanction for staff who engaged in sexual abuse.</p> <p><b>Provision (c):</b></p> <p>Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>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.</p> <p><b>Provision (d):</b></p> <p>All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>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 audit period.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of Policy and the interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Screening and Selection Policy</p> <p><b>Interview:</b></p>

	<p>Superintendent</p> <p><b>Provision (a):</b></p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>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 interviews with contractors confirm the facility provides contractors and volunteers a clear understanding that sexual misconduct with a resident is prohibited. The facility does not have volunteer services at this time.</p> <p><b>Provision (b):</b></p> <p>The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy and interviews collectively provide that any contractor or volunteer who violates 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. There were one allegation reported this audit period was for sexual harassment and did not involve a contractor. There are no volunteer services at this time.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of the available documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Hearing Decisions Policy</p> <p>Rules of Conduct, Written Policy</p> <p>Disciplinary Hearing/Preparation Policy</p> <p>Resident Handbook</p>

**Interviews:**

Superintendent

Mental Health Staff

**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 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 may 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: facility-based investigator, child welfare agency, and/or law enforcement.

**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 requires the disciplinary process to consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction should be imposed.

**Provision (d):**

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

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:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents:**

Protection from Harm/Reporting Child Abuse/Neglect Policy

Screening for Sexual Aggression Policy

Intake Screening Instrument

PREA Screening Referral

Sexual Violence Assessment Tool

Special Victimization Reporting/Consent Form

**Interviews:**

Medical Staff

Mental Health Staff

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. There were no targeted interviews for this category.

**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

	<p>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 clinicians, Intake Coordinator and PREA Coordinator have access to the information.</p> <p><b>Provision (d):</b></p> <p>Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>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.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.382	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Unimpeded Access to Care Policy</p> <p>Responding to a Sexual Assault/Abuse Document</p> <p><b>Interviews:</b></p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p><b>Provision (a):</b></p> <p>Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p>

Policies and interviews collectively support that timely and unimpeded emergency services regarding sexual abuse will be provided. Where indicated, the victim will be transported to the hospital for a forensic medical examination by a Sexual Assault Nurse Examiner, Sexual Assault Forensic Examiner, or other qualified medical practitioner 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 revealed medical and mental health staff members maintain secondary materials and documentation of encounters with residents. There have been no allegations 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.

Observations and interviews revealed that residents have unimpeded access to emergency services. Policies and the 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

	<p>abuser, or cooperate with any investigation resulting from an allegation of sexual abuse or sexual assault.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Mental Health Services Policy</p> <p>Resident Request Form</p> <p>PREA Screening Referral</p> <p><b>Interviews:</b></p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p><b>Provision (a):</b></p> <p>The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Medical and mental health evaluation and treatment will be provided to resident victims of sexual abuse. 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.</p> <p><b>Provision (b):</b></p> <p>The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p>

The interviews confirmed on-going medical and mental health care will be provided as appropriate and will include but not be limited to emotional support; trauma cognitive therapy; and any follow-up medical services 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

	<p>resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>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.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Sexual Abuse/Assault/Harassment Policy</p> <p>Sexual Abuse and Sexual Assault Incident Review Checklist</p> <p><b>Interviews:</b></p> <p>Superintendent/Incident Review Team Member</p> <p><b>Provision (a):</b></p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>The facility will conduct a sexual abuse incident review at the conclusion of a sexual abuse investigation, unless the allegation was unfounded. The team member understands the role of the incident review team. A review of policy and the interview confirm incident reviews will be conducted as required. There were no allegations of sexual abuse during this audit period.</p> <p><b>Provision (b):</b></p> <p>Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>Policy requires the review to occur within 30 days of the conclusion of the investigation. The interview confirmed incident reviews will occur within 30 days of the conclusion of an investigation in accordance with facility policy and the</p>

standard. The Sexual Abuse and Sexual Assault Incident Review Checklist also documents the requirement of an incident review occurring within 30 days of the conclusion of an investigation. There were no allegations of sexual abuse during this audit period.

**Provision (c):**

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

Policy and interviews collectively identify the team as upper level management, Nurse, Clinical Coordinator, Youth Specialist Supervisor, and with input from Youth Specialists and the outside investigator where appropriate. The sexual abuse incident review team has not met during this audit period due to no allegations of sexual abuse.

**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. 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.
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Data Collection for PREA Incidents Form</p> <p><b>Interview:</b></p> <p>PREA Coordinator</p> <p><b>Provisions (a) and (c):</b></p> <p><b>Provision (a):</b> 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. <b>Provision (c):</b> The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>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. There were no allegations of sexual abuse; one allegation of resident-on-resident sexual harassment during this audit period.</p> <p><b>Provision (b):</b></p> <p>The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>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 (ODYS) PREA Administrator which contributes to the agency’s overarching annual PREA report which includes all contract facilities.</p> <p><b>Provision (d):</b></p> <p>The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p>

	<p>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 all inclusive annual report for the agency, ODYS.</p> <p><b>Provision (e):</b></p> <p>The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>The facility does not contract with other facilities for the confinement of its residents. The ODYS agency contracts with multiple facilities for the confinement of its residents; incident-based and aggregated data is obtained from each facility. The data is included in the agency's overarching annual report.</p> <p><b>Provision (f):</b></p> <p>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>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.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation and the interview, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Juvenile Records Policy</p> <p>Sexual Assault/Abuse/Harassment Policy</p> <p>Annual Reports</p> <p><b>Interviews:</b></p> <p>PREA Coordinator</p>

	<p>Superintendent</p> <p>Ohio Department of Youth Services (ODYS) PREA Administrator</p> <p><b>Provision (a):</b> The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.</p> <p>The interviews support the review of data 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 overarching annual report facilitated by the ODYS PREA Administrator.</p> <p><b>Provisions (b)-(d):</b></p> <p><b>Provision (b):</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. <b>Provision (c):</b> 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. <b>Provision (d):</b> The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>Facility 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 it contains comparison data. The facility's data is captured by ODYS and is contained in the overarching annual report for the agency.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>Documents:</b></p> <p>Juvenile Records Policy</p> <p>Annual Reports</p> <p><b>Interviews:</b></p> <p>PREA Coordinator</p> <p>Ohio Department of Youth Services (ODYS) PREA Administrator</p> <p><b>Provision (a)-(d):</b></p> <p><b>Provision (a):</b> The agency shall ensure that data collected pursuant to §115.387 are securely retained. <b>Provision (b):</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. <b>Provision (c):</b> Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. <b>Provision (d):</b> The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>Facility policy and agency policy provide that all data collected is securely stored and maintained for at least 10 years. The aggregated sexual abuse data is available to the public through the facility's and ODYS websites. A review of annual reports of aggregated data for the facility 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 and electronic data is password protected.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The required documentation was entered into the online audit system and additional documentation was provided onsite as requested by the Auditor. A comprehensive site review was conducted by the Program Coordinator/PREA Coordinator and included the Ohio Department of Youth Services (ODYS) PREA

	<p>Administrator. The facility’s PREA Coordinator, Executive Director/Superintendent, and 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.</p> <p>Appropriate space and privacy were provided during the interviews during the onsite audit phase. The posted notices regarding the audit were observed in the facility and the notices were posted timely as confirmed through the interviews with residents and the pictures attached to an email sent to the Auditor. The notices 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 from residents. Additionally, no correspondence was received from staff, contractors, or visitors.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>PREA Reports</p> <p><b>Interview:</b></p> <p>PREA Coordinator</p> <p><b>Provision (f):</b></p> <p>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.</p> <p>The posted PREA reports do not contain any personal identifying information other than names and job titles requested in parts of the report. 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 audit. This report does not contain any personal identifying information other than names and job titles where requested.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

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

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

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

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

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

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

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

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

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

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

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

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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

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

	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (b)</b>	<b>Specialized training: Investigations</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
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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

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

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

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

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</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
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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?)	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?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

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

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

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

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

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

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</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
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

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

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</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

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes