

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report August 15, 2019

Auditor Information

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Company Name: Correctional Management and Communications Group	
Mailing Address: P. O. Box 370003	City, State, Zip: Decatur, GA 30037
Telephone: 678-895-2829	Date of Facility Visit: July 29, 2019

Agency Information

Name of Agency Miami Valley Juvenile Rehabilitation Center	Governing Authority or Parent Agency (If Applicable) Greene County Juvenile Court		
Physical Address: 2100 Greene Way Boulevard	City, State, Zip: Xenia, OH 45385		
Mailing Address: Same as Above	City, State, Zip:		
Telephone: 937-562-4150	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No American Correctional Association		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission:
Miami Valley Juvenile Rehabilitation Center is committed to the rehabilitation of Ohio juvenile felony offenders to improve public safety. We are committed to fulfilling this mission with pride by providing safe, clean setting where pro-social behavior is taught, modeled and practiced at every opportunity.

Agency Website with PREA Information: MVJRC.org

Agency Chief Executive Officer

Name: Mike Higgins	Title: Director
Email: mhiggins@co.greene.oh.us	Telephone: 937-562-4153

Agency-Wide PREA Coordinator

Name: Josh Bedink	Title: Operations Manager
Email: jbedink@co.greene.oh.us	Telephone: 937-562-4153
PREA Coordinator Reports to: Mike Higgins, Director	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Miami Valley Juvenile Rehabilitation Center			
Physical Address: 2100 Greene Way Boulevard, Xenia, OH 45385			
Mailing Address (if different than above):			
Telephone Number: 937-562-4150			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
<input checked="" type="checkbox"/> Other			
Facility Mission: Miami Valley Juvenile Rehabilitation Center is committed to the rehabilitation of Ohio juvenile felony offenders to improve public safety. We are committed to fulfilling this mission with pride by providing safe, clean setting where pro-social behavior is taught, modeled and practiced at every opportunity.			
Facility Website with PREA Information: MVJRC.org			
Is this facility accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No American Correctional Association			

Facility Administrator/Superintendent

Name: Mike Higgins	Title: Director
Email: mhiggins@co.greene.oh.us	Telephone: 937-562-4152

Facility PREA Compliance Manager

Name: Josh Bedink	Title: Operations Manager
Email: jbedink@co.green.oh.us	Telephone: 927-562-4153

Facility Health Service Administrator

Name: Rob Martin	Title: Registered Nurse
Email: martin@co.greene.oh.us	Telephone: 937-562-4105

Facility Characteristics

Designated Facility Capacity: 24	Current Population of Facility: 13
Number of residents admitted to facility during the past 12 months	49
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	38
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	38
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	12-18
Average length of stay or time under supervision:	5 Months
Facility Security Level:	Medium
Resident Custody Levels:	Medium
Number of staff currently employed by the facility who may have contact with residents:	34
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4

Physical Plant

Number of Buildings: 1	Number of Single Cell Housing Units: 3
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	1

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):
 The monitoring system has the capability to retain videos for up to eight to 12 months. Cameras are strategically located inside as well as on the outside of the facility. The cameras are routinely monitored from the control center which is located in the center of the housing units. The cameras can also be viewed from the offices of the Operations Manager and Program Manager.

Medical

Type of Medical Facility:	Onsite Clinic
Forensic sexual assault medical exams are conducted at:	Dayton Children's Hospital

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	5
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

Audit Findings

Audit Narrative

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

The Miami Valley Juvenile Rehabilitation Center (MVJRC) is located in Xenia, Ohio. The facility is a residential community correctional facility funded by the Ohio Department of Youth Services (ODYS). The onsite audit phase of the Prison Rape Elimination Act (PREA) audit was conducted on July 29, 2019 by Shirley Turner, certified U. S. Department of Justice PREA Auditor, assisted by Flora Boyd who is also a certified PREA Auditor.

The MVJRC is a part of the Greene County Juvenile Justice Complex which also includes the Greene County Juvenile Court and the Greene County Juvenile Detention Center. Both male and female felony offenders are referred and placed pursuant to court orders in lieu of commitment to ODYS. The 24-bed facility provides services to qualifying Ohio youth, with a focus on the following 10 consortium counties in the region: Adams; Brown; Champaign; Clark; Fayette; Greene; Highland; Logan; Madison; and Union. The facility is accredited by the American Correctional Association (ACA). Youth between the ages of 12 and 18 are housed in the facility.

The facility's initial PREA audit was completed with a written report in 2016. The current audit was attained and assigned to the Auditors by Correctional Management and Communications Group, LLC located in Minneola, Florida. There are no known existing conflicts of interest regarding the performance of this audit and there were no barriers in completing any phase of the audit.

Pre-Onsite Audit Phase Key Processes and Methodology

The ODYS PREA Administrator provided general information and the announcement notice to the facility to post regarding the PREA audit. A follow-up phone call was initiated by the Auditor with Josh Bedink, Operations Manager, who also serves as the PREA Coordinator. The purpose of the initial telephone call was to discuss and review the PREA audit process, methodology and the information already provided to the Auditor.

There were follow-up conversations among the Auditor, ODYS PREA Administrator and PREA Coordinator concerning the site review; access to the various staff members, logistics for the onsite phase of the audit, and objectives and expectations. The PREA Coordinator and Director, Josh Bedink, were receptive to the audit process and knowledgeable of the role of the Auditor and the objectives and expectations during each stage of the PREA audit. The Director

participated with other facility staff in the 2016 PREA audit and the PREA Coordinator was employed in another capacity at the facility during the previous audit.

The audit notice was posted at least six weeks prior to the onsite audit upon receipt from the PREA Administrator. The pictures of the posted notices were taken with the locations identified and the pictures were emailed to the Auditor. Audit notices were posted throughout the facility in easy to read print and at varying eye levels. Posted notices included but were not limited to living units, administrative area and lobby. The notices were accessible to residents, staff, contractors, and visitors. The posted notices contained the Auditor's contact information and information regarding confidentiality. No correspondence was received during any phase of the audit and the facility has a process in place to ensure confidential communication. Further verification of the postings was made through observations during the onsite phase of the audit.

The completed PREA Pre-Audit Questionnaire, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. This information was received prior to the site visit. An initial assessment was conducted of the information and the Auditor followed up with a telephone call to clarify information and to request additional documents to be sent prior to the site visit and information to have available during the site visit. The information on the flash drive was organized in a manner that was aligned with the standards and each provision.

The additional information requested during the site visit was provided or explained by the PREA Coordinator, Director and other staff. The ODYS PREA Administrator provided a document, used by the Auditor, to the facility titled, "Information Requested to Determine Staff and Residents to be Interviewed During the On-Site PREA Audit." The document which was completed and returned to the Auditor, requested the identification of staff members who served and performed in specific PREA related specialized roles within the facility, including volunteers and contractors who have contact with residents.

The interview document requested a list of direct care staff and their shift assignments and a current resident population roster which could also be provided onsite. The request included information regarding residents who may be in vulnerable categories such as cognitive disability; physical disability; limited English proficient; intersex; gay; bisexual; transgender residents; disclosure of victimization or perpetrating sexual abuse during the vulnerability screening; and residents housed in isolation.

Staff and residents were randomly selected from the identified categories of staff, required to be interviewed and identified through a schedule developed by the Auditor. There were two residents identified in a vulnerable category. The Auditor communicated with the PREA Coordinator to confirm schedules and to discuss the interview process. The Auditor solicited and received input from the PREA Coordinator regarding any conflicts in staff coverage and availability. Random staff members were interviewed from all shifts.

The facility provided documents and information before and during the site visit which assisted with the following determinations and interview selections:

Documents/Information	Comments
Complete Resident Roster	An up-to-date roster was made available during the site review.
Youthful inmates/detainees	Youthful inmates/detainees are not housed in this facility.
Residents with Disabilities	None Identified
Residents who are Limited English Proficient	None Identified
LGBTI Residents	Identified
Residents in segregated housing	No segregated housing for this facility
Residents in Isolation	None Identified
Residents who reported sexual abuse	None Identified
Residents who reported sexual victimization during risk screening.	None Identified
Staff roster for the time of the site visit.	Random staff identified during the pre-onsite phase of the audit.
Specialized Staff	Specialized staff was identified on interview document sent to the facility during pre-onsite phase of the audit.
Contractors who have contact with the residents.	Contractors were identified on interview document sent to the facility during pre-onsite phase of the audit.
Volunteers who have contact with the residents.	Identified
Information regarding grievances/allegations made in the 12 months preceding the audit	Identified
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	None
Hotline calls made during the 12 months preceding the audit	Identified
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	The three Reports Provided

The Auditor reviewed the information provided and conferred with the PREA Coordinator for clarity as needed. As a result of the information received, the Auditor developed an interview schedule consisting of specialized and random staff and residents.

The facility's website was reviewed by the Auditor prior to the site visit. General and specific information about the facility and the programs and services provided are detailed on the website. An array of information is available on the website and may be accessed by the general public. The facility's website also contains PREA information and reports.

**Onsite Audit Phase
Key Processes and Methodology**

Upon arrival to the facility, the PREA Auditors were greeted by the Director and Operations Manager/PREA Coordinator and escorted to the conference room after getting checked in. An entrance meeting was conducted which included both Auditors; Director; PREA Coordinator; Carla Evans, Community Facility Manager; and Alex Stojisavljevic, ODYS PREA Administrator. During the entrance meeting, the agenda for the day was reviewed by the primary Auditor ensuring the facility staff that the Auditors would be as non-intrusive and flexible as can be where these actions did not interfere with the completion of a thorough audit.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted by the Director, supported by the PREA Coordinator. Ms. Evans and Mr. Stojisavljevic were also present on the tour which included all program areas. The areas visited included the administrative area; living units; dining/visitation room; gymnasium; offices; medical clinic; classrooms; and the outside grounds. The staff was observed providing direct supervision and services to the residents during a group and individual session and in class. The resident population on the day of the onsite audit was 13.

The Auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was relatively familiar with the layout of the building which was helpful during the comprehensive site review. During the comprehensive site review, the printed notifications of the PREA site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, throughout the building visible to residents, staff, contractors, and visitors. The notices contained large enough print to make them noticeable and easy to see and read. Resident files were observed to be maintained in a secure manner.

Posted signs regarding PREA material contained contact information of the assisting agencies for reporting allegations and seeking assistance. The posted information includes instructions on accessing assistance and each unit has a dedicated phone which is easily accessible for residents to use 24/7 to request advocacy services or report allegations of sexual abuse or sexual harassment. PREA information is available to the residents in English and Spanish and may be obtained in additional languages and methods as needed.

A Memorandum of Understanding (MOU) exists with the Greene County Family Violence Prevention Center for the provision of hotline services, requesting advocacy services, and reporting allegations. The services to be provided to an alleged victim were confirmed by the advocacy agency's Director. There is a MOU with Dayton Children's Hospital for the provision of forensic medical examinations conducted by a Pediatric Sexual Assault Nurse Examiner (PSANE) or appropriately trained Emergency Service Provider. Additionally, there is a MOU with the Xenia Police Department ensuring that allegations of sexual abuse that are criminal in nature will be investigated by the Police Department aligned with the requirements of the PREA Standard using a protocol appropriate for youth.

One of the dedicated hotline phones was checked by the Auditor and was found to be in working order and access to services available. The telephone operator was assured by the Auditor that the call was only a test. The instructions on how to access services through the hotline and information provided regarding the role of an advocate are posted within the area of the dedicated telephone. The residents interviewed stated that staff members of the

opposite gender announce their presence by pushing the buzzer on the outside of the door prior to entering the living unit. This practice was observed and the buzzer was utilized during the comprehensive site review.

Various staff members were informally interviewed regarding resident activities and staff duties as the site review progressed through the facility. During the comprehensive site review, the intake process, daily scheduled activities and staff supervision were discussed by the facility staff. The comprehensive site review allowed for observations of daily activities, program services and operations.

Visibility is enhanced with the strategic use of cameras and mirrors and all-day burning lights. There are no cameras in bathrooms and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. Grievance forms and a locked grievance box are located on the units, accessible to residents. All residents have access to writing utensils needed for completing the various forms located on the living unit. Signage was posted which indicated where residents were not allowed and/or allowed with supervision. The doors to closets and storage areas are kept closed and locked.

Interviews

Thirty-four staff members are currently employed at the facility that may have contact with residents. A total of 13 residents were in the facility on the day of the site visit and 10 were interviewed. Two targeted interviews were conducted as a result of the make-up of the current population and after conferring with the PREA Coordinator.

Twelve direct care staff members were interviewed and included staff from each shift. Some interviews of direct care staff were conducted by telephone due to their off days. Five individual specialized staff members were interviewed based on their job duties and PREA roles, including a contractor and a volunteer. The contractor serves as a teacher and the volunteer serves in the area of religious services. The PREA Coordinator and Director were interviewed; their interviews in those roles were not counted as specialized staff. The PREA Coordinator's interviews in the roles of investigator and intermediate level staff were counted. The Director's interviews in the roles of incident review team member, retaliation monitor and human resources staff were also counted as specialized interviews. Although five individuals were identified for specialized interviews, the specialized interviews conducted totaled 11 due to staff members in this category serving in more than one PREA related specialized role.

The interviews with residents, staff, contractor and volunteer indicated their receipt of PREA education sessions which was also verified by a review of training materials. Both Auditors were provided confidential settings for interviews. Random and specialized Staff and resident interviews were conducted onsite and were done in the privacy of offices and meeting rooms. The PREA Coordinator ensured that staff and residents were readily available and easily accessible for the interviews. The Auditors conducted eight random resident interviews and two targeted interviews. The targeted interviews identified in a vulnerable population category as LGBTI residents.

The Auditor conducted the following numbers and categories of specialized and random staff interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews
Medical Staff	1
Mental Health Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (Unannounced Rounds)	1
Contractor who has Contact with Residents	1
Volunteer who has Contact with Residents	1
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Intake Staff	1
Number of Specialized Staff Interviews	11
Number of Random Staff Interviews	12
Total Random and Specialized Interviews	23
Total Staff Interviews plus PREA Coordinator and Director	25

A community support interview was conducted by telephone during the onsite audit phase. During the site visit, the authorized representative of the Greene County Family Violence Prevention Center verified the availability of the hotline services that may be used to report allegations and request advocacy services. The interview was aligned with the MOU, including confirmation of accompaniment during the medical forensic examination and the investigative interview.

Onsite Documentation Review

The Auditor received documentation for each standard from various sources as part of the Pre-Onsite Audit Phase and additional documentation during the onsite and post audit phases. During the Pre-Onsite Audit Phase and the Onsite Audit Phase the Auditor reviewed documentation that included but not limited to: PREA Pre-Audit Questionnaire; policies and procedures; training materials, including curricula; personnel files; background screenings; vulnerability assessments; acknowledgement forms; checklists; coordinated response plan; unannounced rounds; Annual and other PREA related reports; organization chart; residents Youth Request and Grievance Form; Third Party Reporting Form; Sick Call Request Form; Youth Notification Letter; investigations; Annual Staffing Assessment; Staffing Plan; and other documentation.

Investigations

During this audit period, there were three allegations that received administrative investigations. All allegations were resident-on-resident and reported through the grievance

system, hotline and talking to staff. One allegation was found as unsubstantiated and two were determined to be unfounded. There were no criminal investigations conducted at the facility.

Exit Meeting

After the completion of the site visit process of the onsite audit phase, an exit meeting was held in the conference room with the attendees from entrance meeting. The exit meeting served to review the onsite observations; discuss additional documentation needed; review program strengths; and provide the timelines regarding interim and final reports. The meeting participants were given the opportunity to ask additional questions about the audit process and afterwards, the onsite audit phase was completed.

Post Onsite Audit Phase

The Auditor contacted the PREA Coordinator regarding clarity of information during the post onsite audit phase. All of the documents provided, collected and reviewed during the pre-audit, onsite and post audit phases and the interviews and observations during the onsite audit phase were triangulated by the Auditor to determine the standards were met. The final report was submitted to the ODYS PREA Administrator for subsequent delivery to the facility.

Facility Characteristics

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

The Miami Valley Juvenile Rehabilitation Center (MVJRC) is located in Xenia, Ohio. The facility is accredited by the American Correctional Association and has been since 2007. The MVJRC program is modeled on cognitive-behavioral therapy which, according to the Program Manual, "aims to link thinking and behavior towards better consequences." The program also includes social skills development. The program targets criminal thinking as well as the effects of trauma and victimization by challenging cognitive distortions; pro-criminal attitudes/values; negative peer associations; substance abuse; and unhealthy expressions of anger. The facility offers a comprehensive program which includes a Personal Program Plan; individual and family therapy; group therapy as needed; and aftercare services.

Mental health services are provided by two full-time Therapists and one part-time Therapist. A consulting psychologist provides clinical services and visits the facility at least twice a month and the consulting psychiatrist visits the facility at least once a month and more often if needed. Medical services are provided and coordinated by the Registered Nurse who also completes a nursing assessment shortly after each youth's arrival. Education services are provided by Xenia Community Schools through certified teachers. Direct care staff and supervisors ensure the proper management and supervision of the residents during the programming activities and provision of services.

In addition to mental health, medical, education, and aftercare services, the facility provides additional programs and services that include but are not limited to: Life Skills classes; general counseling; physical education; religious services; behavior management system with positive incentives; and recreation activities. The resident interviews, observations and documentation support the provision of the programs and services described. The residents indicated during the interviews, they could communicate with their parents/guardians through telephone calls and visitation. Observations during the comprehensive site review revealed adequate space for conducting programs and services and visitation.

PREA related information is posted in each living unit and various areas of the facility. There is a dedicated phone in each living unit for residents to report sexual abuse and sexual harassment and/or to request victim advocacy services. Each unit is equipped with cameras, as are other areas, strategically placed to support direct staff supervision. The cameras are monitored from the central control area which is centralized among the living units. The camera monitoring system was observed to be operational and not invasive of residents when they shower, use the toilet or change clothes. Signage is placed on the bathroom doors indicating only one youth at a time in the bathroom.

The entrance to the facility contains a lobby and reception area where visitors may sign in/out. The area beyond the primary entrance area includes administrative offices and a conference room. A hallway leads to the area which includes the living units; common area; additional offices; classrooms; intake area; medical area; and gymnasium. There is also a multi-purpose room which is used for family therapy, visitation, meals and other group activities. The gymnasium, intake area, medical and outside recreation area are shared with the juvenile detention center. The scheduling of activities prevents the two populations from interacting.

Mirrors and all-day burning lights are in closets and storage areas to increase visibility and keep residents safe. Additionally, signs are posted throughout the facility indicating areas where residents are not allowed or areas where residents may enter only with staff supervision. The living units, multi-purpose room, intake, administrative and other areas of the facility contain PREA and reporting information. PREA posters are in both English and Spanish.

The medical clinic contains a privacy curtain and posted instructions for it to be used during examinations. Request forms to see the Nurse and a Therapist and boxes for deposit are posted in the common area. The outside grounds contain picnic benches and an attractive pavilion that contains table and chairs. Sometimes group therapy sessions may be held under the pavilion. The roof of the pavilion was built high so that the space under the pavilion can be captured by the cameras. The outside area contains a walking track and accommodates flag football and other activities. There are also raised garden beds located in proximity to the pavilion and it is maintained by the residents under staff supervision. The facility is very clean and well-maintained.

Third-party reporting forms are located in the lobby, accessible to all visitors and staff. The form is also located on the facility's website. Reporting information is available and accessible to visitors, residents, contractors, and employees through the posting of the hotline numbers

and other related PREA information. Administrative investigations may be conducted by the facility-based investigators. When it is determined an allegation is of a criminal nature, the case is referred to local law enforcement. There is a host of management, supervisory, support and contract staff members who provide oversight of or participation in processes and activities that contribute to the facility operations and service delivery.

It was observed that staff members provide direct supervision to the residents on the living units and throughout the facility's program operations. However in the classroom, it was observed that two teachers were in the classroom and the classroom was being monitored electronically by the direct care staff managing the control center. The Director stated the Teachers were used as direct care staff because they have such training and it's in the contract with the school system.

Upon review of the contract it was deemed by the Auditors that the language should be more clear and specific regarding the expectations that Teachers would be expected to perform the duties of direct care staff while residents are in the classroom. It was also recommended that the related training the Teachers receive, as stated in the contract, be more detailed if the expectations remain that a Teacher would be used as direct care staff.

It was recommended that the Director provide direct care staff in the classroom until the contract with the school system can be strengthened to alleviate any questions regarding appropriate staff supervision and adequate training. The Director stated he has the staff coverage to place a direct care staff in the classroom when school is in session. He has identified an assigned post in the classroom and also posted a memo to that effect on the day of the audit.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility Policy 16, Supervision
Facility Policy 9, Position Conditions
Table of Organization
Operations Manager Position Description
Training Certificate
PREA Pre-Audit Questionnaire

Interviewed:

PREA Coordinator
Random Staff
Residents

Provision (a):

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

Policy 16 mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The Policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Policy 9 includes sanctions for those found to have participated in prohibited behaviors. Policy 16 primarily addresses prevention and responsive planning; training and education; risk screening; reporting; official response to a resident's report; investigations; discipline; medical and mental care; and data collection and review.

Detection of sexual abuse and sexual harassment is addressed through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The facility practices include but are not limited to responding to sexual abuse and sexual harassment through reporting, investigations, assessments, and disciplinary sanctions for residents and staff based on policy guidance.

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.

Policy provides for the designation of the Operations Manager as the PREA Coordinator. The role of the PREA Coordinator is to develop, implement and oversee the facility's efforts to comply with the PREA Standards. The interview with the PREA Coordinator confirmed the knowledge of PREA and he indicated he has the time and authority to perform the PREA duties.

The Operations Manager is under the direct supervision of the facility Director which is indicated on the Table of Organization. The training certificate and interview with the Operations Manager confirmed training in the courses, PREA: Coordinator's Roles and Responsibilities, and PREA: Your Role

Responding to Sexual Abuse. The courses are provided through the National Institute of Corrections. Residents and staff interviewed are aware of the role of the Operations Manager 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 a stand-alone facility regarding the PREA process.

Conclusion:

Based upon the review and analysis of the available evidence, interviews and observing the staff interactions, the Auditor determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator.

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

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 1, General Administration

Interviewed:

Director

Provision (a) and (b):

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. **Provision (b):** Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The facility does not contract with other entities to house its residents as confirmed by the Director and Policy.

Conclusion:

Based upon the review and analysis of the available evidence and the interview, the Auditor determined the facility does not contract for the confinement of its residents.

Standard 115.313: Supervision and Monitoring

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

115.313 (a)

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

Generally accepted juvenile detention and correctional/secure residential practices?

Yes No

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

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

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

115.313 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 16
Facility Policy 39
Annual Report and Assessment
Vulnerability Assessment
Staffing Plan
Direct Care Staff Work Schedules
Staff Schedule Work Sheets
Unannounced Program Evaluations
PREA Pre-Audit Questionnaire

Interview:

Director
Operations Manager/PREA Coordinator

Provision (a):

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

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

Facility Policy provides details for maintaining the internal staffing ratios of 1:8 during the waking hours and 1:16 during the sleeping hours. The camera monitoring system is located in a centralized area among the living units and the cameras are regularly monitored. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Director, review of Policy and staffing plan, and observations. The work schedules are based on the staffing plan and facility Policy which requires the above tenets be generally considered when addressing staffing levels, including the composition of the resident population.

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.

In the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation will be documented. The facility documents there have been no deviations from the PREA staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan as indicated through documentation. The Director revealed how he prepares the work schedules based on the staffing plan with consideration of the relevant factors.

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 resident ratio is 1:8 during the waking hours and 1:16 during the sleeping hours. The population was 13 during the site visit however staff to resident ratio was in compliance during the comprehensive site review and subsequent observations. Since the last PREA audit the average daily number of residents is 20. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is 24. The work schedule supports the staffing plan and the Director reports no deviations to the staffing plan.

It was observed that staff members provide direct supervision to the residents on the living units and throughout the facility's program operations. However in the classroom, it was observed that two teachers were in the classroom and the classroom was being monitored electronically by the direct care staff managing the control center. The Director stated the Teachers were used as direct care staff because they have received the required training and it's in the contract with the school system.

Upon review of the contract it was deemed by the Auditors that the language should be more clear and specific regarding the expectations that Teachers would be expected to perform the duties of direct care staff while residents are in the classroom. It was also recommended that the related training the Teachers receive, as stated in the contract, be more detailed if the expectations remain that a Teacher would be used as direct care staff.

It was recommended that the Director provide direct care staff in the classroom until the contract with the school system can be strengthened to alleviate any questions by an observer regarding appropriate staff supervision and adequate training. The Director stated he has the staff coverage to place a direct care staff in the classroom when school is in session and assigned a staff member in the classroom. He also posted a memo on the day of the audit requiring the placement of direct care staff in the classroom

whenever school is in session. The PREA Auditor confirmed during the post audit phase that the practice will continue until the contract language is strengthened.

Provision (d):

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

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

The documented annual assessments were reviewed which are signed and dated by the PREA Coordinator and the Director or just the PREA Coordinator. The documents collectively review but are not limited to the following areas, staffing plan; prevailing staffing patterns; deployment of cameras; and related resources, aligned with this provision of the standard. The corrective action identified was that breakable security mirrors were replaced with non-breakable mirrors.

Provision (e):

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

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

The PREA Coordinator indicated how he ensures that staff does not alert other staff when he is conducting unannounced rounds. The Policy indicates staff will not alert other staff regarding the occurrence of unannounced rounds. Staff members are not informed of the unannounced rounds and staff members are aware of not alerting other staff when the rounds are in progress.

Conclusion:

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

Standard 115.315: Limits to Cross-Gender Viewing and Searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

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

115.315 (e)

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

115.315 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 16, Supervision
 Facility Policy 18, Searches and Physical Evidence
 Search Report
 Monthly Search Reports
 Annual Search Report
 Training Session Reports
 Training Curriculum
 PREA Pre-Audit Questionnaire

Interviews:

Random Staff
 Residents

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.

The Policy prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical practitioner. There is no evidence of cross-gender searches of any type occurring at the facility. Based on the review of the Pre-audit questionnaire and according to the interviews, no cross-gender searches have been conducted.

Provision (b):

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

The Policy and random staff interviews provide that cross-gender pat-down searches will only occur in exigent circumstances and they must be documented on the Search Report. General searches are

conducted, per Policy, by the same gender staff. No residents interviewed reported a staff member of the opposite gender conducting a pat-down search of their body. The evidence indicates cross-gender pat-down searches have not occurred at the facility.

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.

The Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches unless conducted by a medical practitioner. The search must be documented on the Search Report. All interviews confirmed that a cross-gender search has not occurred at the facility. Policy requires all searches to be documented, including where a cross-gender search has occurred due to exigent circumstances. The interviews revealed there will always be a male present to conduct the searches as needed.

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.

Policy 16 ensures residents are able to shower, change clothes and perform bodily functions without being viewed by the opposite gender. Staff and resident interviews and the information provided during the site review confirmed the practices. The camera system revealed that residents could not be viewed using the shower or toilet or while changing clothes.

A buzzer is located on the outside of doors to the living units and staff of the opposite gender must ring the doorbell prior to entering. The evidence shows residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard. The shower procedures include a reasonable amount of privacy provided for each resident.

Provision (e):

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

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

The Policy addresses staff training in how to conduct pat-down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The documentation of training rosters, training curriculum and staff interviews support the training is conducted. The curriculum used to conduct the training is, Guidance in Cross-Gender and Transgender Pat Searches, available through the National PREA Resource Center.

Conclusion:

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

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

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

115.316 (a)

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

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

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 36, Reception and Orientation
List of Juvenile Services Resources
Confirmation of Services Letter
Posted PREA Information

Interviews:

Residents
Random Staff
Intake Officer

Provision (a):

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

The Policy addresses the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy also prohibits use of resident readers except in limited circumstances where a resident's safety or the investigation is compromised. Random staff interviews confirmed residents are not used as interpreters or readers for other residents.

PREA education is provided to residents by the Intake Officer. Assistance will be provided by the education or mental health staff, based on the needs of the resident. Services are inclusive for residents who may be blind or deaf. It was clear from the interview how the education is provided in a manner understandable by the residents.

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 List of Juvenile Services contain the names and contact information regarding the agency to contact for services to be provided to residents who may be hard of hearing, blind or limited English proficient. The Policy supports that language interpretation services will be provided. Facility Policy provides that PREA information will be provided in the resident's language. PREA information is also posted in Spanish. The evidence shows that each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility ensures access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to access the professional interpreters who can interpret effectively, accurately, and impartially.

Provision (c):

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

The Policy prohibits the use of resident readers and interpreters except when a delay in obtaining interpreter services could jeopardize a resident's safety or the investigation. Staff interviews confirmed residents are not used to relate PREA information to or from other residents. There were no identified residents in need of interpreter or translation services during the site visit.

Conclusion:

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

Standard 115.317: Hiring and Promotion Decisions

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

115.317 (a)

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

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

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local laws, 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 No

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility Policy 9
Background Checks
Background Check Log
Job Interview

Interviews:

Facility Director/Human Resources

Provision (a) & (f):

Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who--

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

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

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Provision (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The Policy addresses hiring and promotion processes and decisions and background checks. The personnel files show that background checks, including checking the state child abuse registry, occur. The Background Check Log and personnel records document completed background checks for employees showing the initial check and the five-year check. Documentation is also maintained on contractors regarding background checks. The personnel files reviewed onsite and information received during the pre-onsite audit phase confirmed completion of initial background checks and the five-year background checks.

The interview with the Director and a review of Policies provided details about the hiring process, completion of background checks, and the grounds for termination in accordance with the facility Policy and PREA standard. The forms completed and included in the personnel files are responsive to the provision. All applicants are asked about any prior misconduct involving any sexual activity. The documentation, interview and Policies support the facility does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse. Employees are to continually provide full disclosure of any related misconduct.

Provision (b):

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

The Policy and practice support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means, including incidents of sexual harassment. The interview was aligned with the standard and the personnel documents demonstrate the inquiries made of the potential employee during the application process regarding previous misconduct.

The evidence shows the facility considers any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents. Based on the review of the personnel files, records provided during the pre-audit phase, and the interviews, the facility follows this provision of the standard.

Provisions (c) & (d):

(c): Before hiring new employees or

(d): contractors who may have contact with residents, the agency shall:

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

Policy requires background checks to occur prior to residents receiving services from employees, contractors and volunteers and was confirmed by the interview and the review of personnel files, including documentation of child abuse registry checks. Efforts are made to contact all prior institutional employers for information of incidents or allegations related to sexual abuse in accordance with Policy and the information becomes a part of the personnel file. Based on the review of documentation and interviews, the facility follows this provision of the standard.

Provision (e):

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

Initial background checks are conducted and are conducted every five years thereafter. The interview, review of documentation and a review of the Policy provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. During the site visit and a review of the Background Check Log, it was discovered that one background check was due and the Director addressed it immediately and provided the Auditor with a copy of the completed document.

Provision (g):

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

According to the interview and a review of the Policy, staff has a continuing duty to report related misconduct. The Policy provides for the omission of sexual misconduct or providing false information is grounds for termination.

Provision (h):

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

The interview and Policy confirmed the facility would provide this information when requested to do so.

Conclusion:

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

Standard 115.318: Upgrades to Facilities and Technologies

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

115.318 (a)

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

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Pre-Audit Questionnaire

Interview:

Director

There have been no upgrades to the monitoring system and no substantial modification or expansion to the physical plant since the last PREA audit in 2016.

RESPONSIVE PLANNING

Standard 115.321: Evidence Protocol and Forensic Medical Examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

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

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

Facility Policy 18
Memorandum of Understanding (MOU) – Xenia Police Department
MOU – Dayton’s Children Hospital
MOU – Family Violence Prevention Center of Greene County
Advocacy Information Sheet

Interviews:

Random Staff
Investigative Staff
Director
Authorized Representative, Green County Family Violence Prevention Center

Provisions (a) & (b):

(a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

The Policy and MOU support a uniform evidence protocol will be followed regarding investigations of sexual abuse in accordance with the standard. The Policy provides information regarding the facility-based investigators responsible for conducting administrative investigations. According to the interviews and the MOU, the Xenia Police Department investigates allegations that are criminal in nature. The investigator and random staff interviews confirmed awareness of protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. The Policy and MOU support the protocol is developmentally appropriate for youth. The MOU indicates the Police Department’s investigators are qualified to conduct sexual abuse 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 evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The MOU with the Dayton Children’s Hospital ensures the availability of medical forensic examinations conducted by a Pediatric Sexual Assault Nurse Examiner or emergency services provider, trained to conduct such examinations. The forensic medical examination will follow a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. No forensic exams have been conducted during this audit period.

Provisions (d) & (e):

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

(e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Victim advocacy services have been arranged and are documented in a MOU with the Family Violence Prevention Center of Greene County. The services that will be provided to residents, as verified, by the authorized representative of the agency include but are not limited to hospital accompaniment, investigative interview accompaniment, crisis intervention services and emotional support. Contact information is available to residents and staff. Information regarding advocacy services is also provided to the residents initially during the intake process and is posted.

Provisions (f) & (g):

(f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section.

(g): The requirements of paragraphs (a) through (f) of this section shall also apply to:

- (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
- (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Investigations of allegations of sexual abuse that are criminal in nature are conducted by the Xenia Police Department in accordance with the Policy and the provisions of the standards. A MOU exists that shows the commitment by the Police Department to conduct the criminal investigations using the appropriate uniform protocol which maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate for youth.

Provision (h):

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

The Policy provides for a qualified staff or community organization staff member to provide advocacy services to a victim upon request. The facility has a MOU to ensure qualified advocacy services as well as a Licensed Social Worker on staff who may fill the role of an advocate, if needed or requested.

Conclusion:

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

Standard 115.322: Policies to Ensure Referrals of Allegations for Investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 11
MOU, Xenia Police Department
Investigation Reports
Investigation Reports
Website Information

Interviews:

Random Staff
Operations Manager/Investigative Staff

Provision (a):

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

The Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the Policy requirements as verified through their interviews. The Policy, MOU and interviews support the cooperation would be demonstrated between the facility staff and the investigators. The facility-based investigators, as well as the assigned investigator from the Police Department have received the required training. A review of documentation and staff interview indicate the ability of the facility-based investigators to conduct administrative investigations. Allegations that are criminal in nature are referred to the Xenia Police Department.

Provision (b) and (c):

Provision (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

Provision (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

PREA reporting information is located on the facility's website and within the facility, accessible to the residents, staff, contractors, volunteers and general public. The posted and electronic information is also accessible to residents, staff, contractors and volunteers. The Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained facility investigators. Allegations that are criminal in nature are investigated by a trained law enforcement officer from the Xenia Police Department. The facility Policy and MOU between the facility and the Police Department jointly describe the responsibilities of both investigative entities.

Provision (d):

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

The facility and other investigative agency have policies governing investigations. Training documentation was reviewed by the Auditor of the facility-based investigators and the MOU indicates training for the assigned monitor.

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 regarding policies to ensure referrals of allegations for investigations. Staff members were aware of the investigative entities.

TRAINING AND EDUCATION

Standard 115.331: Employee Training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No

- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 11
Facility Policy 23
Training Curricula
PREA Training Logs
PREA Pre-Audit Questionnaire

Interviews:

Random Staff

Provisions (a) and (c):

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

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

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

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

The Policy addresses PREA related training for staff. Training documentation was reviewed and staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. Staff interviews also support refresher training is conducted. All direct care staff members interviewed and Policy verified the general topics in this standard provision were included in the training. The facility reports 100% of staff who may have contact with residents, have received PREA 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 females and training considers the needs of the population served as determined by training provided to staff and interviews.

Provision (d):

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

The Policy provides the training is documented which was verified through the review of documentation. A review of documented training included signed acknowledgement statements; Training Sessions Reports; training certificates; and PREA training logs. The training was also verified through staff interviews. The facility adheres to this provision of the standard.

Conclusion:

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

Standard 115.332: Volunteer and Contractor Training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 11
Facility Policy 14
Training Curriculum
Training Materials
Training Acknowledgement Statements

Interviews:

Contractor
Volunteer

Provision (a):

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

The Policy requires volunteers and contractors who have contact with residents, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of supporting documentation and interviews verify the training occurs.

Provision (b):

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

The interviews and acknowledgement statements revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and would-be volunteers in accordance with Policy. The participants revealed that the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents.

Provision (c):

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

Signed and dated training acknowledgement statements (PREA Declaration of Understanding) were reviewed confirming training provided to contractors.

Conclusion:

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

Standard 115.333: Resident Education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

- Have all residents received such education? Yes No

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 36, Reception and Orientation
Intake Checklist
Education Acknowledgement Log
Behavior Check Sheet
PREA Tracking Form
Program Manual
Training Materials
PREA Pre-Audit Questionnaire

Interviews:

Residents
Intake Officer
PREA Coordinator

Provisions (a) and (b):

(a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

(b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The Policy provides that all residents admitted receive PREA education initially and are provided more detailed information within 10 days of admission. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. The Intake Officer provides the initial PREA education to residents. The results of the staff and resident interviews and a review of the education materials indicated the information provided to the residents is age-appropriate and comprehensive with an array of topics and helpful and preventive information. The interviews revealed residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents.

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), all residents participated in the required PREA education sessions. The facility is in compliance with this provision of the standard.

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 arranged resources to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need

of the resident. Resource documentation was reviewed of for the provision of accommodations and supportive services for residents in the aforementioned areas to be provided by the contractors, including education staff. The facility's mental health staff will also provide assistance where indicated. The PREA information is accessible to residents in English and Spanish and according to Policy, in the resident's language. Education materials include a PREA video, Program Manual which includes the PREA Handbook as an addendum; and other printed materials. Staff interviews confirmed residents are not used as translators or readers for other residents, in accordance with Policy.

Provision (e):

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

The residents sign acknowledgement statements (Intake Checklist; Education Acknowledgement Log) confirming their receipt of the PREA education sessions. A review of documentation showing admission dates and education session dates indicate residents' participation in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment.

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. The PREA Handbook is an addendum to the Program Manual which is provided to each youth. Printed material regarding PREA, including how and where to report allegations is accessible to residents and is posted throughout the facility. The residents revealed they can report allegations of sexual abuse or sexual harassment in different ways such as tell a staff member, family member or friend; use the hotline; complete an emergency grievance; or write a letter.

Conclusion:

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

Standard 115.334: Specialized Training: Investigations

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

115.334 (a)

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

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility Policy 11, Training Program
Training Certificates

Interviews:

Investigative Staff

Provision (a) & (b):

(a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Investigations of allegations of sexual abuse that are criminal in nature be conducted by the Xenia Police Department. Administrative investigations are conducted by trained facility-based investigators. The Policy provides for the investigators to be trained. The facility-based investigators have received the regular PREA training. The facility-based investigators have also received additional training in conducting investigations as confirmed by a review of training certificates and the investigative staff interview. Online training courses that cover the tenets of the standard, as confirmed by the interview and documentation are through the National Institute of Corrections. The MOU with the Police Department includes that the law enforcement officer assigned to conduct investigations that are criminal in nature, has been appropriately screened and has received education and/or training concerning sexual assault and forensic examination issues in general.

Provision (c):

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

Online training courses that cover the tenets of the standard, as confirmed by the interview and documentation are through the National Institute of Corrections.

Provision (d):

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

The facility has a MOU with the Xenia Police Department to investigate allegations that are criminal in nature.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding specialized training for investigations.

Standard 115.335: Specialized Training: Medical and Mental Health Care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility Policy 11
Training Certificates
Training Log
MOU, Dayton Children's Hospital

Interviews:

Registered Nurse
Mental Health Therapist

Provision (a):

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

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

Medical and mental health staff members receive the regular PREA training as well as the specialized training. Training records document specialized training for medical and mental health contract staff. The documentation confirms the clinical staff completed online health care training through the National Institute of Corrections. The interviews and a review of training certificates confirmed completion of training which includes the provisions of the standard. The MOU with Dayton Children's Hospital states the provision of forensic medical examinations will be performed by a Pediatric Sexual Assault Nurse Examiner or Emergency Service Provider who has been screened appropriately and who has received the education or training to conduct such.

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. The MOU with Dayton Children's Hospital states the provision of forensic medical examinations will be performed by a Pediatric Sexual Assault Nurse Examiner or Emergency Service Provider who has been screened appropriately and who has received the education or training to conduct such.

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.

The training certificates and the interviews with medical and mental health staff confirmed receipt of the required training through the National Institute of Corrections.

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 or contractors as applicable.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding specialized training for medical and mental health care.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for Risk of Victimization and Abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 36
Vulnerability Assessment
Intake Checklist
Treatment Team Meeting Minutes

Interviews:

Intake Officer/Staff That Perform Screening for Risk
Residents
PREA Coordinator

Provision (a):

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

The Policy provides a risk screening occurs within 72 hours upon arrival to the facility. The resident is interviewed upon arrival to the facility to obtain information about the resident's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The Vulnerability Assessment instrument is used during the admission process which is conducted on the same day of arrival according to the Intake Officer. Screening instruments were reviewed by the Auditor which confirmed along with the interviews that the screening is conducted in accordance with the Policy and within 24 hours as a practice.

The documents confirmed there was an attempt to ascertain information such as but not limited to the following:

- (1) Prior sexual victimization or abusiveness;
- (2) Resident's own perception of vulnerability;
- (3) Level of emotional and cognitive development;
- (4) Intellectual or developmental disabilities;
- (5) Physical Disabilities

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

The objective screening instrument, Vulnerability Assessment, is used to assess the residents after admission. The instrument measures the response to items in a way that makes the measurement independent of the administrator of the instrument.

Provision (c):

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

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

The Auditor reviewed the screening instrument and determined all factors required by this provision of the standard are included. The interview with the Intake Officer confirmed she is aware of the elements of the risk screening instrument. The court packet is reviewed, in addition to the interview with the youth to obtain the required information. 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 information is ascertained through an interview with the resident which may include some probing. The review of the instrument and interview with the staff responsible for risk screening confirmed the information is ascertained through the resident's interview and reviewing the court packet. Additional information may be gained through the initial screenings conducted during other stages of the intake process.

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 that sensitive information is protected and not exploited and maintained amongst the staff involved in housing, bed, program, education and work assignments. The interview with the Intake Officer revealed alignment with the Policy. The Auditor observed the files to be maintained in a secure manner and online documents are password protected. The evidence shows the facility follows this provision of the standard.

Conclusion:

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

Standard 115.342: Use of Screening Information

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

115.342 (a)

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

115.342 (b)

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

115.342 (c)

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

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

115.342 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 36, Reception and Orientation
 Vulnerability Assessment
 Report of Assessment
 Confinement Statistics
 PREA Pre-Audit Questionnaire

Interviews:

Random Residents
 Targeted Residents
 PREA Coordinator
 Director
 Intake Officer/Staff That Performs Risk Screening
 Random Staff

Provision (a):

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

Facility Policies provides guidance to staff regarding the use of the information obtained from the screening instrument. The staff interviews and information obtained through the administration of the screening instrument assist in determining housing and program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of samples of the completed screening instrument and interviews.

Provision (b):

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The facility has Policy as it relates to this provision. However the documentation and interviews support that no resident was determined at risk for sexual victimization during this audit period.

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.

The facility prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing solely based on how the residents identify or their status. Staff members are prohibited from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents; housing assignments are made on a case-by-case basis.

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.

The Policy and interviews support that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed in particular or special housing. There were no transgender or intersex residents in the facility during the site visit and this audit period. The interviews and Policy confirmed the facility would 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. The interviews and evidence documents the facility follows this provision of the standard for all residents.

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.

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

Provision (f):

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

The resident's concern for his/her own safety will be taken into account through the administration of the screening instrument and this applies to every resident. All residents confirmed in the interviews, they are asked about their safety concerns. The staff interviews revealed staff members are aware of the Policy which requires the provision of the standard.

Provision (g):

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

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

Provision (h):

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

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

The Policy states and the interviews confirmed that isolation is not used in this facility.

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.

The Policy states and the interviews confirmed that isolation is not used in this facility.

Conclusion:

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

REPORTING

Standard 115.351: Resident Reporting

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

115.351 (a)

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

115.351 (b)

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

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 23
Grievance Forms
Program Manual
Investigation Report
Third Party Reporting Form
Parent/Guardian Brochure
PREA Education Materials

Interviews:

Random Staff
Residents
PREA Coordinator
Intake Officer
Director

Provision (a):

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

The facility's Policy addresses this standard and provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he/she 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 the 24-hour reporting hotline, as confirmed by resident and staff interviews and observations. Residents may also use the telephone in other offices if needed.

Related posters, brochures and the Program Manual provide reporting information to residents. Residents and staff reported that a resident could also tell staff; tell a family member or another third-party and/or complete a grievance form regarding an allegation of sexual abuse or sexual harassment. There are designated locked boxes and forms for depositing the written forms and residents have access to writing materials as observed and stated by staff. The reporting information was also supported by the resident interviews and documented evidence. The telephone was tested during the comprehensive site review and the Auditor was able to reach an operator demonstrating the phone was in working order.

Posters and other information are located in the facility visible to residents, staff, contractors, volunteers, and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse 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 may use the dedicated telephone located in each unit, directly accessible to residents, to report an allegation of sexual abuse or sexual harassment. Signs are posted explaining how to access agencies. The facility does not detain residents solely for civil immigration purposes.

Provision (c):

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

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to immediately document verbal reports as instructed in the Policy. All residents interviewed revealed their familiarity with the provisions of the standard. The residents are aware they may report either in person, in writing, by phone, completing a grievance form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Interviewed staff members were aware of their duty to receive and document verbal and third-party reports.

Provision (d):

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

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

Provision (e):

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

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately: use of the telephone hotline numbers, submit a Third Party Reporting Form, write a letter, or call the Police.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard regarding resident reporting. The residents have

multiple internal ways to privately report. Reports can be made verbally, in writing, anonymously, through third parties, and to outside agencies.

Standard 115.352: Exhaustion of Administrative Remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

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

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 23
 Grievance Form
 Program Manual
 Parent/Guardian Brochure

Interviews:

PREA Coordinator
 Director
 Random Staff
 Residents

Provision (a):

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

The Policy addresses the grievance process and provides that an administrative process is used in dealing with resident grievances.

Provision (b):

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

Evidence shows the facility provides relevant information to the residents and parents/guardians and follows this provision of the standard.

Provision (c):

The agency shall ensure that—

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

Based on the review of the evidence, including submitted grievances, and observation of the locked grievance boxes, the facility provides relevant information to the residents and follows this provision of the standard. One of the administrative investigations conducted was the result of a submitted grievance.

Provision (d):

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

The Policy addresses the grievance procedure and provides for the timelines regarding the grievance process including that a final decision is provided within 90 days of the initial filing of the grievance.

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.

Staff members, family members, attorneys and outside advocates may assist residents in filing requests for administrative remedies relating to the allegations of sexual abuse and/or sexual harassment. The residents interviewed were aware of the availability of third-party assistance if needed.

Provision (f):

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

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The Policy and other instructional materials regarding the grievance process are aligned with this provision of the standard, including allowance for an emergency grievance to be filed. The grievance form contains a top section that is to be used for an emergency grievance.

Provision (g):

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The Policy provides that a resident who files a false report of sexual abuse or sexual harassment may receive consequences only if it is determined the grievance was filed in bad faith.

Conclusion:

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

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

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

115.353 (a)

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 23
MOU, Greene County Family Violence Prevention Center
Program Manual
Posted Information
PREA Education Materials

Interviews:

Residents
Intake Officer

Provision (a):

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

Contact information for advocacy services is a part of the PREA education sessions. Information is also provided through signs and posters in the living units. Information is also posted providing information on what an advocate can and cannot do. The resident interviews revealed their knowledge regarding the services that can be provided by the advocacy agency. The hotline telephone was observed in each unit and the contact information for services from the advocacy agencies was posted to report allegations or request advocacy services. The posted information addresses confidentiality which is also addressed in PREA education. The telephones were tested and observed to be in working order. Residents may also use telephones in staff offices to report allegations or request victim advocacy services.

Provision (b):

The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Confidentiality is covered in the PREA education sessions and is included in the posted information regarding advocacy services. Resident interviews indicated the awareness of confidentiality information.

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 the Greene County Family Violence Prevention Center for the provision of advocacy services, including:

- emotional support
- accompaniment through the medical forensic examination
- accompaniment through the investigatory interview
- crisis intervention services
- referral services
- 24-hour hotline services

Provision (d):

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

The resident and Director interviews and printed information confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by Policy. The site review revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members and other approved visitors. All residents interviewed stated family could visit and phone calls are allowed. The residents provided the days and times of visitation and phone calls. The Director confirmed the facility would provide residents with reasonable and confidential access to their attorney where indicated and/or court representatives and reasonable access to parents or legal guardians.

Conclusion:

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

Standard 115.354: Third-Party Reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 23
Third Party Reporting Form
Parent/Guardian Handbook
Website

Interviews:

Random Staff
Residents

Provision (a):

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The Policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and indicated the information will be accepted and reported. Staff members reported they are to immediately document all verbal reports received. Information regarding reporting is posted on the facility's website and contained in the Parent/Guardian Handbook which is provided to parents/guardians. Reporting information is also posted in areas of the facility accessible to visitors and on the facility's website.

All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents revealed their knowledge of third-party reporting. The residents identified the methods within the facility in which they may make third-party reports such as file a grievance, report to staff or a family member, or utilize the abuse reporting hotline telephone.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance regarding third-party reporting.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and Agency Reporting Duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

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

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

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 23
Mental Status Form
Complaint Screening
Investigation Planning
Chronology of Investigation

Interviews:

Random Staff
Registered Nurse
Mental Health Therapist
Director

Provision (a) and (b):

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

(b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

The Policy addresses provisions of the standard including providing all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State. State statute and the Policy require all staff members to immediately report all allegations of sexual abuse. The facility's Policy also requires staff to report allegations that were made anonymously or by a third-party. Trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Xenia Police Department and the child welfare agency.

The staff interviews were aligned with the requirements of the Policy and standard. Completed investigations demonstrate information reported to staff will be documented and reported to the appropriate authorities. Staff members are instructed to report all allegations of sexual abuse or sexual harassment to the Director or designee and to document all verbal reports.

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.

After allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except to those persons required to make treatment, investigation, security or administrative decisions. Providing information is based on the need to know. The interviews indicated knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Provision (d):

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

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

The medical and mental health staff interviewed indicated that residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters and required to report allegations of sexual abuse. The Mental Status Form contains a statement the mental health staff has to check regarding having informed the resident of the duty to report and limits of confidentiality.

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.

Facility Policy and interviews support that allegations of sexual abuse will be made to the Director or designee. Allegations of sexual abuse are also reported to the child welfare agency and all related information will be provided. Policy also provides for legal guardians or caseworker and Probation Officer to be notified. The interview with the Director confirmed if the resident is under the custody of the child welfare agency, the case worker will be notified along with the other required notifications.

Provision (f):

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

The Policy provides for all allegations to be reported to the Director or designee. The Director or designee reports the allegation to the appropriate investigative entity. Third-party and anonymous reports received must be reported and documented by staff as confirmed through staff interviews. The Policy and interviews indicate that all allegations will be reported to the investigative entities.

Conclusion:

The interviews with random staff, mental health and medical staff and the other staff revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters.

Standard 115.362: Agency Protection Duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 23

Grievance Form
Vulnerability Assessment

Interviews:

Director
Random Staff

Provision (a):

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The facility's Policy requires staff to take immediate action to protect the residents. The staff interviewed collectively stated they would immediately separate the residents, document the situation, and inform other staff including management and supervisors. Administration of the Vulnerability Assessment provides information that assists and guide staff in keeping residents safe through housing and program assignments. Additional instruments provide information which offer more insight and background in determining the risk level of each resident.

If information is received in a grievance that a resident is subject to a substantial risk of imminent sexual abuse, the reporting procedures are implemented. There was no resident identified to be at substantial risk of imminent sexual abuse in the past 12 months. The interviews with the residents revealed that during the intake process they are asked about how they feel about their safety as part of the inquiries by staff completing paperwork and follow-up checks by the staff. Screening instruments support the information provided by residents.

Conclusion:

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

Standard 115.363: Reporting to Other Confinement Facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 23, Juvenile Rights

Interviews:

Director

Provisions (a), (b), (c), and (d):

(a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

(b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c): The agency shall document that it has provided such notification.

(d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The Policy provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director will notify the facility where the alleged abuse occurred and the appropriate investigative agency. Notification is to be made as soon as possible but no later than 72 hours after receiving the information. The notification will be documented on a Reporting to Other Confinement Facilities Form as required by Policy. The Director is familiar with the Policy and his responsibilities regarding such. In the past 12 months, there were no allegations of sexual abuse occurring at another facility received by this facility.

Conclusion:

Based upon the information received and interview, the Auditor determined the facility is compliant with this standard regarding reporting to other confinement facilities.

Standard 115.364: Staff First Responder Duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

Facility Policy 18

Sexual Assault/Abuse First Responder Check List

Interviews:

Random Staff

Provision (a):

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

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The Policy and training provide that upon learning of an allegation that a resident was sexually abused the first security-level staff member to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect the scene;
- c. Protect the evidence.

The interviews confirmed awareness of first responder duties and the training they had been provided. The staff members are familiar with general measures to take in efforts to preserve physical evidence. There were no allegations or incidents where staff had to act as a first responder in the last 12 months.

Provision (b):

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The Policy provides that non-security staff who may act as a first responder alert direct care staff for assistance and request from the victim that physical evidence be preserved. There were no allegations or incidents where a non-security staff member had to act as a first responder in the last 12 months.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding staff first responder duties and would respond accordingly, based on Policy and training.

Standard 115.365: Coordinated Response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 9
Facility Policy 18
Sexual Abuse First Responder Flow Chart
Sexual Assault/Abuse First Responder Check List

Interviews:

Random Staff
Director

Provision (a):

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility has developed a written institutional plan to coordinate actions to be taken in response to sexual abuse. The flow chart format outlines the protocols, in sections, to be followed by identified staff. The plan is aligned with the information in the Policy and the standard regarding the response to an allegation or incident of sexual abuse. The plan and Policy include the involvement of identified staff members such as the first responder; supervisors; medical; mental health; management; and investigator. A checklist has been developed and would be used when there is an incident of sexual abuse to ensure the steps in the emergency plan and the Policy have been followed and completed. The interviews revealed staff members are aware of their duties in response to an incident of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Provision (a):

According to a signed statement by the Director and Operations Manager, the facility does not have collective bargaining agreements.

Standard 115.367: Agency Protection Against Retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 23

Interviews:

Director, Retaliation Monitor

Provision (a):

The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

The Policy requires the protection of all residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The Director is responsible for retaliation monitoring and revealed familiarity with the role.

Provision (b):

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Policy and interview demonstrate measures to protect staff and residents which are aligned with the measures in this provision. The Director confirmed the facility would protect residents and staff from retaliation for reporting sexual abuse and sexual harassment or for cooperating with an investigation. Protective measures would include but not be limited to housing changes, emotional support services and staff reassignments.

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.

The Policy provides that retaliation monitoring will be conducted for at least 90 days. The monitoring will continue for as long as deemed necessary. The following may be monitored: housing changes; disciplinary reports; staffing re-assignments; and negative job performance reviews. There have been no incidents of retaliation during the 12 months preceding the audit.

Provision (d):

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

Status checks are initiated with residents.

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.

The monitoring would include other individuals who cooperate with an investigation if they express fear of retaliation from another resident or staff member.

Provision (f):

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

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

Conclusion:

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

Standard 115.368: Post-allegation Protective Custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Policy 23
Confinement Statistics

Interviews:

Director
Mental Health Therapist
Registered Nurse

Provision (a):

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

The Policy provides that residents who may be separated from the general population be provided the requirements of Standard 115.342. The interviews were aligned with the Policy. The interviews and

documentation confirmed that no resident has been held in segregation due to an allegation of having suffered from sexual abuse during this audit period.

Conclusion:

Based upon the observations and interviews, the Auditor determined the facility is compliant with this standard regarding post-allegation protective custody.

INVESTIGATIONS

Standard 115.371: Criminal and Administrative Agency Investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 9
Chronology of Events
Training Certificates
MOU, Xenia Police Department

Interviews:

Operations Manager/PREA Coordinator, Investigative Staff
Random 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.

All incidents of alleged sexual abuse or sexual harassment are to be adequately addressed through the appropriate investigation. The facility-based investigators conduct administrative investigations and allegations that are criminal in nature are investigated by the Xenia Police Department as confirmed by Policy, MOU and interviews.

Provision (b) and (c):

(b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

(c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The Auditor reviewed the training certificates representing specialized training for the facility-based investigators and the interview was aligned with the training. The facility has a MOU with the Xenia Police Department for the completion of investigations that are criminal in nature. The Police Department will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The protocol is developmentally appropriate for youth. The MOU further provides that the assigned law enforcement officer assigned to conduct such investigations has been appropriately screened and has received education and/or training concerning sexual assault and forensic examination issues in general.

Provision (d):

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

An investigation is not terminated solely because the source of the allegation recants the allegation. The interview with the facility-based investigator confirmed this premise. Documentation of the Chronology of Events of an investigation and the investigation report demonstrate this provision and the facility Policy are adhered to.

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 facility-based investigators do not conduct investigations that are criminal in nature.

Provision (f):

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

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff, in accordance with Policy, training and the interview. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

Provisions (g) and (h):

(g): Administrative Investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(h): Criminal Investigations: Shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The policy outlines the composition and considerations of administrative and criminal investigations. The Policy supports the efforts in these provisions of the standard. The completed administrative reports are aligned with the facility Policy. The MOU is aligned with the Policy regarding criminal investigations. All investigations will be completed with written reports.

Provision (i):

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

The Policy provides that all allegations that are criminal in nature are referred to the Xenia Police Department. The responsibility to refer for prosecution lies with the Police Department.

Provision (j):

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

The documents will be retained in accordance with this provision as stated in the facility Policy.

Provision (k):

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

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

Provision (l):

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

The investigative agencies are aware of the PREA standards requirements. The MOU with the Xenia Police Department confirms the use of a uniform evidence protocol to be followed that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The MOU and Policy references protocols are developmentally appropriate for youth.

Provision (m):

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

According to the Policy and interview, staff will cooperate with outside investigators and remain informed about the progress of the investigation. Contact will be recorded on the Chronology of Events Form which is used to document and track all activity regarding a PREA related investigation.

Conclusion:

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

Standard 115.372: Evidentiary Standard for Administrative Investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 9

Interview:

Operations Manager/Investigative Staff

Provision (a):

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Policy and interview provide the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Conclusion:

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

Standard 115.373: Reporting to Residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy
Youth Notification Letter
Chronology of Events
Summary Report of Investigation

Interviews:

Operations Manager/Investigative Staff
Director

Provision (a):

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The Policy addresses the resident being informed, when the investigation is completed, of the outcome of the investigation, and the documentation of the notification. The resident is informed of the results of an investigation by facility staff and the notification is documented on the Youth Notification Letter. The notification to the resident is also documented on the Chronology of Events where all activity regarding the investigation is recorded. Additionally, the report to the resident is recorded in the Summary Report of Investigation.

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 Director and Operations Manager remain abreast of investigations conducted by any investigative entity. The information would be obtained from or provided by the Police Department if the allegation was criminal in nature. Based on the current evidence regarding notification, the resident would be notified by facility staff when the investigation was completed by an outside entity.

Provision (c):

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

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

The Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

- 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 provides 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; or
- b. The alleged abuser is adjudicated on a charge related to sexual abuse.

Provision (e):

All such notifications or attempted notifications shall be documented.

The Policy provides that all notifications or attempted notifications be documented. The facility records the notification information on several documents related to the investigation of the case. The notifications from the completed administrative investigations have been documented. There were no criminal investigations conducted during this audit period.

Provision (f):

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

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

Conclusion:

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

DISCIPLINE

Standard 115.376: Disciplinary Sanctions for Staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 9
Greene County Employee Handbook
Warning Report Form
Investigating Tracking Form

Interview:

Director

Provision (a):

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

Policy provides that staff be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Provision (b):

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

Policy provides that termination shall be the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse.

Provision (c):

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

The Policy provides that disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There have been no violations of the PREA policies by staff during the past 12 months.

Provision (d):

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

Staff terminations or resignations 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. According to the Director, no staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies during this audit period.

Conclusion:

Based upon the review of Policy and interviews, the Auditor determined the facility is compliant with this standard. The facility has forms that would be used to document the adverse actions.

Standard 115.377: Corrective Action for Contractors and Volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

Facility Policy 9
Facility Policy 14, Citizen Involvement and Volunteers

Interviews:

Director

Provision (a):

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

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

Provision (b):

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The facility will take the appropriate remedial measures, and consider whether to prohibit further contact with residents if there are violations of other PREA related policies as provided in the Policy. In the past 12 months, no contractors or volunteers were reported for allegations of sexual abuse or sexual harassment.

Conclusion:

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

Standard 115.378: Interventions and Disciplinary Sanctions for Residents

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

115.378 (a)

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

115.378 (b)

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

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 25, Major Rules Violations and Disciplinary Hearings
Program Manual

Interviews:

Director
Mental Health Therapist

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.

The Policy provides that dealing with rule violations and disciplinary sanctions are pursuant to an administrative hearing. Sanctions are directly related to the seriousness of the negative behavior which can include removal from the program. There has not been an incident of sexual abuse during the past 12 months.

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.

Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, similar histories of other residents and consideration of mental

disabilities or mental illness contributing to the behavior. If a disciplinary sanction results in the use of isolation, the resident will not be denied daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation will receive daily visits from a medical or mental health clinician.

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 and other processes within the program 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. This was confirmed by the interview with the Director.

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.

The facility would consider whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation, based on the interview with the Mental Health Therapist and Policy. The facility may require participation in such interventions as a condition to access the rewards-based behavior management system but not to access programming or education.

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.

According to Policy, a resident may be disciplined for sexual contact with staff only upon 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.

In accordance with the Policy, when an allegation is unsubstantiated, a resident who makes a report of sexual abuse in good faith will not be disciplined as this situation does not constitute lying.

Provision (g):

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

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

Conclusion:

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

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility Policy 36, Reception and Orientation
PREA Tracking Form
Vulnerability Assessment
Mental Health Status Report
Consent to Disclose Information for Youth Age 18 and Over

Interviews:

Intake Officer/Staff Responsible for Risk Screening
Registered Nurse
Mental Health Therapist

Provision (a) and (b):

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

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

The Policy provides that residents who indicate during initial screening being a victim or perpetrator of sexual abuse, will be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. The Intake Officer conducts the screening for risk of victimization and abusiveness indicated the practice is that a meeting would be held sooner than 14 days and that she asks all new admissions if they need to see clinical staff. The documents are aligned with the Intake Officer's interview.

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.

The Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be limited to medical and mental health providers and other staff as

required to inform treatment plans and security management decisions. The Auditor observed the resident files maintained in a secure manner.

Provision (d):

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

The form, Consent to Disclose Information for Youth Age 18 and Over may be used to document such occurrence. The facility accepts youth between the ages of 12 and 18.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding medical and mental health screenings, and history of sexual abuse.

Standard 115.382: Access to Emergency Medical and Mental Health Services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility Policy 33.2, Health Care/Access to Care
MOU, Dayton Children's Hospital
MOU, Greene County Sexual Violence Center

Interviews:

Registered Nurse
Mental Health Therapist
Authorized Representative

Provision (a):

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Policy and the MOU with Greene County Sexual Violence Center support that the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services, and advocacy services. The victim would be provided a forensic medical examination, at no cost to the victim, conducted by a qualified medical practitioner in accordance with the MOU and Policy.

The interviews with the clinical staff revealed the medical and mental health services are determined according to the professional judgment of the practitioner. Residents are informed of clinical services during the intake process. Documents demonstrate residents' access to medical services. The residents have access to request forms on their living units. Observations and a review of documents revealed that medical and mental health staff members maintain secondary materials and documentation of resident encounters. There have been no incidents of sexual abuse during this audit period.

Provision (b):

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

The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. The Policy and the written coordinated response plan provide guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. A review of the written plan; observations of the interactions among residents and medical and mental health practitioners; and the interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

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.

The Policy and interviews confirmed processes and services are in place for a victim to receive timely access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff.

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.

The Policy and MOU provide that medical treatment services will be provided to the victim without financial cost to the victim. There are no considerations of whether to charge the victim.

Conclusion:

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

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

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

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 33.2, Health Care/Access to Care

Interviews:

Registered Nurse
Mental Health Therapist
Director

Provision (a):

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

The Policy and interviews support medical and mental health evaluations and appropriate treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate.

Provision (b):

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

On-going medical and mental health care will be provided as appropriate and will include follow-up services as needed by medical and mental health staff. Services may also be provided by the Family Violence Prevention Center of Greene County.

Provision (c):

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

Observations and interviews revealed medical and mental health services are consistent with the community level of care.

Provision (d):

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

According to the Policy and the interviews by the clinical staff, victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

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.

According to the Policy and the interviews with the clinical staff, if pregnancy results from sexual abuse, victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Provision (f):

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

The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Follow-up services may be conducted at the facility as needed.

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, according to Policy, staff interviews and the MOU.

Provision (h):

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

The Policy supports that attempts are to be made for a mental health practitioner to conduct a mental health evaluation within 60 days of learning about a known resident-on-resident abuser and offer appropriate treatment by a mental health practitioner. The facility has two mental health therapists that are certified sex offender counselors.

Conclusion:

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual Abuse Incident Reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 9, Position Conditions
Sexual Abuse Incident Review Form

Interviews:

Director/Incident Review Team Member

Provision (a):

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

The Policy requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is substantiated or unsubstantiated. A review of the Policy and interviews confirmed incident reviews will be conducted regarding the investigation of allegations of sexual abuse. There have been no allegations of sexual abuse during this audit period.

Provision (b):

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

The Policy requires that the reviews occur within 30 days of the conclusion of the sexual abuse investigation. The Director confirmed incident reviews will occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard.

Provision (c):

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

The Policy identifies the incident review team members as management, supervisors and medical and mental health practitioners. The interview with the Director confirmed the Policy requirement and that input would be obtained from the appropriate staff.

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.

The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview, review of Policy and Sexual Abuse Incident Review Form confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation.

The form has been developed that would capture the required considerations while assessing the incident. The Policy supports documentation of the meeting, including recommendations and the document is to be provided to the Director and Operations Manager/PREA Coordinator. The interviews

and Policy confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review as also indicated on the form.

Provision (e):

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

The Policy and Sexual Abuse Incident Review Form provide for recommendations to be documented. There will also be documentation of whether the recommendations were implemented and reasons for not implementing them, per Policy. No incident review team meetings were held during this audit period due to no allegations or incidents of sexual abuse.

Conclusion:

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

Standard 115.387: Data Collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 13, Administration and Management
 Investigation Tracking Form
 Investigation Reports

Interviews:

Operations Manager/PREA Coordinator
 Director

Provisions (a) & (c):

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

A review of the agency’s collection of data instruments and definitions and the facility’s maintenance of data demonstrates that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the U. S. Department of Justice. The Policy outlines collecting accurate uniform data for every allegation of sexual abuse and the requirement of aggregated data.

Provision (b):

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

The Policy and review of the annual report and data gathering instruments and other documents confirm the agency collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment at least annually.

Provision (d):

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of identified data and related documents regarding PREA and provides the information as required. The facility collects and maintains data in accordance with facility Policy.

Provision (e):

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The facility does not contract with other facilities to house its residents.

Provision (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The Policy states that upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Conclusion:

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

Standard 115.388: Data Review for Corrective Action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 13
Annual Report
PREA Vulnerability Assessment
Survey of Sexual Victimization 2017

Interviews:

Director
PREA Coordinator

Provisions (a), (b), (c) and (d):

The Policy supports the review of data collected and aggregated in order to improve the PREA efforts. The aggregated data is reviewed to assess and improve the effectiveness of the PREA related initiatives by identifying problem areas; developing and implementing corrective actions where needed; and preparing an annual report based on the collected data.

The annual report is approved as required by Policy, per the interview. The annual report has been reviewed and the report will be accessible to the public through the facility's website. There are no personal identifiers in the annual report.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard regarding data review for corrective action.

Standard 115.389: Data Storage, Publication, and Destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

Facility Policy 13, Information Systems and Research
Annual Report
Survey of Sexual Victimization

Interview:

Director

Provision (a), (b), (c), and (d):

All data collected is securely stored and maintained for at least 10 years unless a state, federal or local law requires otherwise. Data is securely stored in the facility's file room. The annual report is available to the public through the facility's website and it does not contain any personal identifiers.

Conclusion:

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and Scope of Audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Provisions (a-n):

The initial PREA audit was conducted in 2016. The agency is fulfilling the current auditing requirement with the completion of this second PREA audit for this facility. The staff provided the Auditor with the required documentation mandated by the standards and the auditing process. A comprehensive site review was provided to the Auditors during the Onsite Audit Phase and additional documentation was reviewed. The Operations Manager/PREA Coordinator and other staff members were cooperative in providing additional documentation as requested.

The Director and PREA Coordinator provided appropriate work space for the two Auditors which included conditions for conducting interviews in private with the residents and staff. The posted notices regarding the audit were observed in the facility, accessible to residents; staff; volunteers; visitors; and contractors. The notices provided directions and contact information informing those who wanted to contact the Auditor of how to do so. A process for confidential correspondence exists however no correspondence was received by the Auditor.

Standard 115.403: Audit Contents and Findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Provision (f):

This facility was previously audited in 2016 and the Auditor confirmed the audit report was posted on the website. The report does not contain any personal identifying information.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Shirley L. Turner

August 15, 2019

Auditor Signature

Date

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

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