

# PREA Facility Audit Report: Final

**Name of Facility:** North Central Ohio Rehabilitation Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/18/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Shirley Turner	<b>Date of Signature:</b> 08/18/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Turner, Shirley
<b>Email:</b>	shirleyturner3199@comcast.net
<b>Start Date of On-Site Audit:</b>	07/26/2023
<b>End Date of On-Site Audit:</b>	07/26/2023

FACILITY INFORMATION	
<b>Facility name:</b>	North Central Ohio Rehabilitation Center
<b>Facility physical address:</b>	1440 Mount Vernon Avenue, Marion, Ohio - 43302
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Kari McGinniss
<b>Email Address:</b>	kmcginniss@ncorc.net
<b>Telephone Number:</b>	740-386-2232

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Travis Stillion
<b>Email Address:</b>	tstillion@ncorc.net
<b>Telephone Number:</b>	740-386-2232

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Shannon Davis
<b>Email Address:</b>	nurse@ncorc.net
<b>Telephone Number:</b>	740-386-2232

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	20
<b>Current population of facility:</b>	16
<b>Average daily population for the past 12 months:</b>	13
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No

<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12-18
<b>Facility security levels/resident custody levels:</b>	secured (intake, citizen, deputy, executive, honors)
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	26
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	7
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	3

### AGENCY INFORMATION

<b>Name of agency:</b>	North Central Ohio Rehabilitation Center Governing Board
<b>Governing authority or parent agency (if applicable):</b>	Ohio Department of Youth Services
<b>Physical Address:</b>	1440 Mount Vernon Avenue, Marion, Ohio - 43302
<b>Mailing Address:</b>	
<b>Telephone number:</b>	7403862232

### Agency Chief Executive Officer Information:

<b>Name:</b>	Travis Stillion
<b>Email Address:</b>	tstillion@ncorc.net
<b>Telephone Number:</b>	740-386-2232

### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Kari McGinniss	<b>Email Address:</b>	kmcginniss@ncorc.net
--------------	----------------	-----------------------	----------------------

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### Number of standards met:

43

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-26
2. End date of the onsite portion of the audit:	2023-07-26

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Forensic Nurse Team, Marion General Hospital - Forensic Nurse Coordinator

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	20
15. Average daily population for the past 12 months:	13
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	17
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	5
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>26</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>3</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>7</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>10</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Chose residents from the above checked characteristics where available.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Conferred with staff and observed population.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>5</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Conferred with staff and observed population.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Conferred with staff and observed population.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Conferred with staff.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Conferred with staff.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Conferred with staff.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

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

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Isolation is not used for protective custody for a resident at risk or who suffered sexual victimization/abuse.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>6</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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



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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------

**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

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

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	3	0	3	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	3	0	3	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	2
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	1	2

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no allegations of sexual abuse during this audit period.

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



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy FO-3D-04-7</p> <p>Policy FO-3D-04-1</p> <p>Policy PP-2B-03</p> <p>Organization Chart</p> <p><b>Interviews:</b></p> <p>PREA Coordinator</p> <p>Random Staff</p> <p><b>Provision (a):</b></p>

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

Policies FO-3D-04-7 and FO-3D-04-1 collectively provide the guidelines and definitions of prohibited behaviors regarding the facility's approach to preventing, detecting, and responding to conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. The policies provide for sanctions for those found to have participated in the prohibited behaviors. The facility has additional policies which support the PREA standards. Staff training, resident education sessions, and intake screening assist in detecting sexual abuse and sexual harassment. Additional policies include but are not limited to responding to sexual abuse and sexual harassment through prevention, responding, reporting, investigations, assessments, and disciplinary sanctions for residents and staff.

**Provision (b):**

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

The facility has two PREA Coordinators, the Assistant Director and the Compliance Director; both are in upper level management positions. Both Coordinators report directly to the Executive Director. The interviews and conversations confirmed the administrators' familiarity with PREA Standards and the audit process. The interviews and observations revealed their time and authority to discharge duties as the PREA Coordinators. The staff and residents are aware of the role of the administrators as PREA Coordinators.

**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.

Policy PP-2B-03 informs this is a stand alone facility. It is governed by a board of juvenile judges from five surrounding counties. This facility does not require a PREA Compliance Manager due to no other facility within this agency per Policy PP-2B-03.

**Conclusion:**

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

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <hr/> <p><b>Documents Reviewed:</b></p> <p>Facility Policy PP-2B-03</p> <p><b>Interviews:</b></p> <p>PREA Coordinator</p> <p>Superintendent</p> <p><b>Provision (a) and (b):</b></p> <p><b>Provision (a):</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.</p> <p><b>Provision (b):</b> Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>Policy provides that the facility does not contract with other agencies to hold its residents; the interviews confirm this premise.</p> <p><b>Conclusion:</b></p> <p>The interviews and policy confirm compliance with this standard.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.313</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Documents:</b></p> <p>Policy FO-3A-03</p> <p>Ohio Administrative Code</p> <p>Staffing Plan</p> <p>Staffing Plan Assessment</p> <p>PREA Coordinator Unannounced Inspection Form</p> <p>Daily Shift Logs</p>

Work Schedules

Unannounced Inspection Form

**Interviews:**

Superintendent

PREA Coordinator

**Provision (a):**

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

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

The policy and data chart jointly provide the staffing plan and provide details for maintaining the internal staffing ratios of 1:8 during the awake hours and 1:10 during the sleeping hours. Direct supervision is provided to residents during the daily activities and program services. Observations during the comprehensive site review indicated the staffing ratios are maintained.

The camera/monitoring system is located at the control station at the edge of the living unit and is routinely monitored. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the

interviews and review of policy, Staffing Plan and other documents. The Ohio Administrative Code provides for staffing ratios of 1:8 during the waking hours and 1:16 during the sleeping hours. The internal staffing plan ensures that the staffing parameters are in compliance with the Ohio Administrative Code. The interviews revealed the considerations that ensure adequate shift coverage including but not limited to standard security practices and according to post orders.

**Provision (b):**

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

The facility reports and there were no deviations from the PREA staffing ratios of 1:8 during the waking hours and 1:16 during the sleeping hours in the past 12 months. The facility is prepared to document any deviations from the PREA staffing requirements as indicated on the Staffing Plan document. The Executive Director/ Superintendent reviews the staff schedule regularly and it is consistently monitored by the Assistant Director/Co-PREA Coordinator. The Compliance Director/Co-PREA Coordinator is consulted regarding any assessments of or adjustment to the Staffing Plan and assists in supporting staff. The Staffing Plan is aligned with policies and shows the required staff assigned to each shift. The Staffing Plan provides for the staffing ratios to be met.

**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 internal staffing ratios for the facility provide for 1:8 during the waking hours and 1:10 during the sleeping hours and ensure adherence to the PREA required ratios. The ratios were observed to be met during the comprehensive site review and review of documentation. Direct care staff members provide direct observation to residents. Since the last PREA audit the average daily number of residents is 13. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is 20. The facility is not involved in any law suits or consent decrees.

**Provision (d):**

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



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

The PREA Coordinators conduct the staffing plan assessment in collaboration with the Superintendent. The document reviews but is not limited to the prevailing staffing patterns; electronic monitoring system; and occurrence of unannounced rounds. Policy requires that the review considers many factors including prevailing staffing patterns; deployment of monitoring technology; and the make-up of the population. The annual assessment documents the summarization of the review including the staffing plan, monitoring system and the process for conducting unannounced rounds. The staffing plan is signed by both PREA Coordinators and the Executive Director.

**Provision (e):**

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

Policy provides for the occurrence of unannounced rounds that are conducted by the Executive Director, Assistant Director, Compliance Director or Rehabilitation Supervisors which are intermediate and higher level staffs. The review of the Assistant Director's Unannounced Inspection Forms indicate the unannounced rounds occur and at various times. The Form is used to record the observations made and the interview confirmed the unannounced rounds occur. The staff is not informed of when the rounds will occur and the visits are not conducted at scheduled times, according to the Assistant Director.

The unannounced rounds are conducted throughout the facility to identify and deter sexual abuse and sexual harassment. Policy provides that staff not alert other staff when the rounds are occurring and the printed form provides for the checking of vital areas that include administration, showers and classrooms. The form also provides for the staff to note any issues or concerns which will be followed up on.

**Conclusion:**

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

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 635 378"><b>Documents Reviewed:</b></p> <p data-bbox="280 412 504 445">Policy FO-3A-03</p> <p data-bbox="280 479 504 512">Policy FO-3A-12</p> <p data-bbox="280 546 555 580">Training Curriculum</p> <p data-bbox="280 613 673 647">Training Credit Hours Forms</p> <p data-bbox="280 680 555 714">Strip Search Report</p> <p data-bbox="280 748 437 781">Search Log</p> <p data-bbox="280 815 450 848"><b>Interviews</b></p> <p data-bbox="280 882 475 916">Random Staff</p> <p data-bbox="280 949 418 983">Residents</p> <p data-bbox="280 1016 529 1050">PREA Coordinator</p> <p data-bbox="280 1084 497 1117"><b>Provision (a):</b></p> <p data-bbox="280 1151 1430 1319">The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p data-bbox="280 1352 1477 1812">Policy prohibits cross-gender strip searches except in exigent circumstances and upon authorization by the Executive Director, Compliance Director, or Assistant Director. According to staff interviewed and policy, there is always a male on duty to conduct searches. Body cavity searches require the Director’s authorization and must be conducted by licensed medical personnel in a medical establishment. Cross-gender pat-down searches can only occur in exigent circumstances and with the authorization of the Executive Director, Compliance Director or Assistant Director, in accordance with policy. Search logs show and it is reported that no type of cross-gender searches were conducted in the last 12 months. Based on the documentation and according to the interviews, cross-gender searches have not been conducted at the facility.</p> <p data-bbox="280 1845 497 1879"><b>Provision (b):</b></p> <p data-bbox="280 1912 1423 1991">The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.</p> <p data-bbox="280 2024 1430 2058">Policy prohibits conducting cross-gender pat-down or frisk searches and provides</p>

they may only be done in exigent circumstances. Cross-gender pat-down searches that occur in exigent circumstances, must be done with the authorization of the Executive Director, Compliance Director or Assistant Director. The Training Credit Hours Form and training curriculum show that staff receives training on how to conduct searches. The staffing plan requires at least one male staff is on duty at all times. Staff interviews confirmed they are aware of the policy regarding searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months.

**Provision (c):**

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

The policy, Search Logs and interviews confirm that cross-gender searches have not occurred at the facility during this audit period. Staff members are instructed by policy to document all searches.

**Provision (d):**

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

Policy and practice provide that the facility enables residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them and with a reasonable amount of privacy. The premise was confirmed through interviews with residents and staff. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothing, and performing bodily functions.

Policy provides that staff members of the opposite gender must announce their presence by ringing the bell on the outside of the door, prior to entering the housing unit. The residents and random staff generally stated that female staff members announce their presence by using the outside bell, prior to entering the living unit. The practice of opposite gender announcement and ringing the door bell was observed during the comprehensive site review.

Residents shower, perform bodily functions, and change clothes without nonmedical staff of the opposite gender viewing their buttocks or genitalia. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard. Viewing of the cameras at the control station

in the living unit and interviews confirm residents are not directly viewed by staff when showering, using the toilet or changing clothes. The configuration of the bathroom does not allow staff to get a view of the resident's body. Hygiene practices are performed with the expectations of reasonable privacy for each resident.

**Provision (e):**

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

Policy prohibits the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verified no such searches have occurred in the past 12 months. Staff interviews and training materials document staff receive the training on conducting searches and searches of transgender and intersex youth.

Staff interviews confirm they are aware that policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status. When the genital status of a resident is unknown, learning this information would be part of a broader medical examination conducted by a medical practitioner in private.

**Provision (f):**

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

The training curriculum for staff stresses sensitivity and professionalism for the search process and provides that staff is not to search the resident's body for the sole purpose of determining the resident's genital status. The documentation and staff interviews confirms training participation. The facility reports and training documents support that 100% of the staff received training on cross-gender pat-down searches and searches of transgender and intersex residents.

**Conclusion:**

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

115.316

**Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Policy JS-5B-01-2

Policy JS-5B-08

Letter Confirming Services (North Central Ohio Education Service Center)

**Interviews:**

Residents

Random Staff

Superintendent

**Provision (a):**

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

Policy ensures the provision of support services for Limited English Proficient and disabled residents by providing these residents equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents are not used as readers or interpreters, confirmed by staff interviews and in accordance with policy.

A letter signed by the Assistant Superintendent confirm that the North Central Ohio Educational Services Center (NCOESC) will provide support services and accommodation as needed to include but not limited to interpreter services; hearing and vision services; equipment; technology; and an English as a Second Language

(ESL) Specialist. The education unit onsite and mental health staff will provide direct support services. Posted and other PREA information is provided in English and Spanish and is accessible by the facility in other languages as needed.

**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 letter and interviews confirm the availability of professional services. The NCOESC is an education agency that provides and/or secures professional services by trained providers. Policy requires steps to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and sexual harassment.

**Provision (c):**

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

Policy states the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreter services could compromise a resident's safety; performance of first responder duties; or investigation of allegations of sexual abuse or sexual harassment. The letter and interview with the Executive Director confirm the facility may access professional services and equipment from NCOESC. The facility also has employees and onsite contract education staff members that have the capabilities to provide support services. Random staff interviews confirmed residents are not used to relate PREA information to or from other residents.

Information regarding reporting allegations of sexual abuse and sexual harassment is posted throughout the facility and accessible in both English and Spanish. The facility has the resources available to get the PREA information translated and printed in additional languages as needed. The Youth Handbook contains PREA information, including how to report allegations of sexual abuse and sexual harassment and is printed in both English and Spanish.

**Conclusion:**

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

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 635 376"><b>Documents Reviewed:</b></p> <p data-bbox="280 412 510 448">Policy AM-1C-08</p> <p data-bbox="280 483 724 519">Criminal History Record Checks</p> <p data-bbox="280 555 622 591">Offender Search Results</p> <p data-bbox="280 627 533 663">The Diana Screen</p> <p data-bbox="280 698 443 734"><b>Interview:</b></p> <p data-bbox="280 770 504 806">Superintendent</p> <p data-bbox="280 842 612 878"><b>Provision (a) and (f):</b></p> <p data-bbox="280 913 1474 1030"><b>Provision (a):</b> 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—</p> <p data-bbox="280 1066 1436 1146">(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);</p> <p data-bbox="280 1182 1481 1299">(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</p> <p data-bbox="280 1335 1452 1415">(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="280 1451 1433 1693"><b>Provision (f):</b> The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p data-bbox="280 1729 1465 1890">Policy addresses the hiring and promotion processes and decisions and background checks, including child abuse registries. The background checks occur initially and every five years thereafter. Through the employment interview, the following information is obtained:</p> <ul data-bbox="351 1962 1474 2078" style="list-style-type: none"> <li>• Whether or not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;</li> <li>• Whether or not have been convicted of engaging or attempting to engage in</li> </ul>

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,

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

The interview with the Executive Director and a review of policy and the other personnel documents provide information regarding the hiring process, completion of background checks, and grounds for termination. The forms completed and included in the personnel files are responsive to the above provisions of this standard.

The documentation and interview support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. The policy and new employee training inform new hires about the employee's continuing duty to report any previous 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 interview and documentation support the inquiries are made during the interview process regarding previous misconduct. The policy and interview indicate the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents.

**Provisions (c) and (d):**

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

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

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

The background check process includes consulting a child abuse registry as



confirmed during the interview and the personnel records. Best efforts would be made to contact all prior institutional employers for information of incidents or allegations of sexual abuse. Background checks are conducted through the Ohio Bureau of Criminal Investigation, Federal Bureau of Investigations, and Marion County Sheriff's Office.

**Provision (e):**

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

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

**Provision (g):**

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

The policy states that material omission regarding misconduct or false information provides 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 revealed that when a former employee applies for work at another institution, upon request from that institution, information will be provided on substantiated allegations of sexual abuse or sexual harassment involving the former employee.

**Conclusion:**

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

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>Interview:</b></p> <p>Agency Head/Superintendent</p> <p><b>Provision (a):</b></p> <p>If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse?</p> <p>The agency has not acquired a new facility or made a substantial expansion to the existing facility since the last PREA audit.</p> <p><b>Provision (b):</b></p> <p>If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>The agency has not installed or updated the video monitoring system since the last PREA audit.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy FO-3D-04-4</p> <p>Ohio Protocol for Sexual Assault Medical Forensic Examinations Policy</p> <p>Memorandum of Understanding (MOU), Forensic Nurse Team/Marion General Hospital</p> <p>Facility Staff Licensure Information</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Investigative Staff</p> <p>Forensic Nurse Team Representative</p> <p><b>Provisions (a) and (b):</b></p>

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

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

Administrative investigations are conducted by facility-based investigators and allegations that are criminal in nature are investigated by the Marion County Sheriff's Office and Marion County Children's Services. The facility-based investigators are members of the facility's management team. The Sheriff's Office will follow a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The investigator's and random staff are aware of how to maintain usable physical evidence until an investigator from the Sheriff's Office arrives. The policy ensures that the protocol for investigations is appropriate for youth.

**Provision (c):**

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

The Policy addresses the forensic services that will be provided at Marion General Hospital by a Sexual Assault Nurse Examiner (SANE). In addition to the provision of forensic medical examinations, the Forensic Nurse Team of Marion General Hospital will provide victim advocacy services which was confirmed by the Forensic Nurse Team representative, a SANE Practitioner. An alleged victim will have access to emotional support services; referral services; and information. Referrals will be provided by the referral advocate and include accompaniment through the forensic examination and investigative interview. Policy provides that forensic examinations will be provided at no cost to the victim. No forensic examinations have been conducted during this audit period.

**Provisions (d) and (e):**

**Provision (d):** The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified

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

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

Victim advocacy services have been arranged and are documented through the MOU between the facility and Forensic Nurse Team, Marion General Hospital. The MOU provides that the Team will follow the regulations with respect to confidentiality. The services that will be provided include: emotional support services; referral services; and information. Referrals will be provided by the referral advocate and include accompaniment through the forensic examination and investigative interview. Information regarding victim advocacy services is provided to the residents during the PREA education sessions and is posted on the wall adjacent to the living unit, at the telephone.

**Provisions (f) and (g):**

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

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

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Facility-based investigators conduct administrative investigations in accordance with facility Policy and the Standard. Investigations of allegations of sexual abuse or sexual harassment that are criminal in nature are conducted by the Marion County Sheriff's Office in accordance with the agency's policies and the provisions of the standard. A uniform evidence protocol will be used which maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate.

**Provision (h):**

For the purposes of this standard, a qualified agency staff member or a qualified

	<p>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.</p> <p>The facility has made arrangements for outside victim advocacy services, confirmed through the MOU and interview. Licensure documents were provided for treatment staff members that provide the credentials and experience for familiarity with general issues. These staff members may serve in the role of advocate if needed.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy 3D-04-04</p> <p>Policy 3D-04-1</p> <p>Marion County Sheriff's Office Policy, Child Abuse Policy</p> <p>Memorandum of Understanding (MOU), Marion County Sheriff's Department</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p><b>Provision (a):</b></p> <p>The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Policies and staff interviews provide that staff report all allegations of sexual abuse and sexual harassment and document reports. The facility reports and documentation support there was three allegations of sexual harassment and no allegations of sexual abuse during the last 12 months. The facility policies, interviews and MOU provide for investigations of all allegations of sexual abuse and sexual harassment.</p>

**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.

The policy and reporting information are located on the facility’s website. Reporting information is posted in the facility and contained in the Youth Handbook. The policies, MOU and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by facility-based investigators that are trained. Allegations that are criminal in nature are investigated by local law enforcement, as reflected in Policy.

**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 Marion County Sheriff’s Department has the policy, Child Abuse, governs investigations. Facility staff interviews and documentation confirmed that the facility has facility-based and trained investigators. Interviews with the investigative staff and review of reports confirmed that administrative investigations will be conducted and allegations that are criminal in nature will be investigated by law enforcement.

**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.

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Facility Policy AM-1D-01 -1D-13

Training Curriculum

Training Credit Hours Forms

**Interviews:**

Random Staff

PREA Coordinator

**Provisions (a) and (c):**

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

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

**Provision (c):** All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency

shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The policy and interviews address PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of Policy, training curriculum, records documenting training, and interviews.

Staff interviews and documentation support that refresher training is conducted annually. All random staff interviewed and the PREA Coordinator indicated training is provided as required. All random staff interviewed, Policy and training materials verified the general topics in this standard provision were included in the training. The Compliance Director conducts PREA training with staff.

**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 only males and the training considers the needs of the population served as indicated by the interviews. The interviews support training being tailored to the needs and attributes of the population served.

**Provision (d):**

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

The PREA training reviewed was documented on Training Credit Hours Forms, certificates and verified through interviews. Training acknowledgement statements are included on the bottom of the Training Credit Hours Form, signed and dated by the trainer and the employee.

**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.

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard



**Auditor Discussion**

**Documents Reviewed:**

Policy AM-1G-07

Policy FO-3D-04-1

Contractor PREA Declaration of Understanding

Training Credit Hours Forms

**Interviews:**

Volunteer

Contractor (2)

PREA Coordinator

**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.

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 documents, interviews and observation confirm 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 review of documentation revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment. The training is based on the services provided by the contractors and volunteers. The contractors and volunteers were familiar with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report. It was confirmed that the review of the zero-tolerance policy is included in the PREA training.

**Provision (c):**

	<p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The training documentation and interviews confirmed the receipt and understanding of training by contractors and volunteers. The Contractor PREA Declaration of Understanding and the Training Credit Hours Form contain acknowledgement statements indicating understanding of the training provided.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>FO-3D-04-2 Policy</p> <p>PREA Education Materials</p> <p>Training Logs</p> <p>Intake Acknowledgement Form</p> <p>PREA Posters</p> <p>Youth Handbook</p> <p><b>Interviews:</b></p> <p>Residents</p> <p>Intake Staff</p> <p><b>Provisions (a) and (b):</b></p> <p><b>Provision (a):</b> During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p><b>Provision (b):</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</p>

procedures for responding to such incidents.

Policy provides that all residents admitted receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting, according to the documentation and interview with the Intake Staff. A review of the education materials indicated the information provided to the residents is age-appropriate. The resident signs an Intake Acknowledgement Form regarding the education received. A review of documentation indicates residents' participation in PREA education sessions.

**Provision (c):**

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

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), and interviews, residents received PREA education. The facility reports that 36 youth were admitted to the facility during the past 12 months and that all participated in PREA education sessions.

**Provision (d):**

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

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. The facility has accessibility of support services from the education staff onsite in conjunction with the local school system that include but are not limited to translation; hearing and visual impairment; equipment; technology; and limited English proficiency.

The mental health staff will also serve as a resource to deliver the PREA information, as needed, so that all residents will benefit from the PREA education sessions. The PREA information is accessible in English, Spanish and other languages as needed and accessible to residents, staff, contractors, and volunteers. Staff interviews confirmed a practice of residents not used as translators or readers for other residents.

**Provision (e):**

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

Signed acknowledgement statements were reviewed which support the residents'

	<p>involvement in PREA education sessions. The interviews, Intake Acknowledgement Forms and signed and dated information sheets confirmed the residents' participation in PREA education sessions.</p> <p><b>Provision (f):</b></p> <p>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.</p> <p>The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide the meaning of sexual abuse and sexual harassment; steps victims may take; and reporting information. Each resident is provided a Youth Handbook which also contains PREA information. PREA information was observed posted and it was easy to see and read. The information regarding reporting and advocacy services is posted on the wall by the telephone.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Facility Policy AM-1D-01-AM-1D-13</p> <p>Training Certificates</p> <p>Training Credit Hours Forms</p> <p>Memorandum of Understanding (MOU), Marion County Sheriff's Office</p> <p><b>Interview:</b></p> <p>Investigative Staff</p> <p><b>Provision (a) and (b):</b></p> <p><b>Provision (a):</b></p> <p>In addition to the general training provided to all employees pursuant to §115.331,</p>

the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

**Provision (b):**

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

The policy, training documentation and interviews confirm general PREA training and the specialized training regarding conducting administrative investigations. Allegations that are criminal in nature are investigated by law enforcement. Training certificates, investigative records and the interviews document administrative investigations are conducted by a trained facility-based investigator. The specialized training includes but is not limited to interviewing techniques; proper use of Miranda and Garrity warnings; preserving evidence; and criteria for supporting a finding of substantiated, unsubstantiated or unfounded.

**Provision (c):**

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

The facility maintains documentation of training of the facility-based investigators through training certificates from reputable agencies. Allegations that are criminal in nature will be investigated by the Marion County Sheriff's Office supported by policy and the MOU.

**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 Marion County Sheriff's Office provides training to its investigators who will conduct criminal investigations at the facility which is confirmed by the MOU. The Sheriff's Office awareness of the PREA requirements regarding investigations is documented through the MOU.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Facility Policy AM-1D-01-AM-1D-13

Training Certificates

Training Credit Hours Forms

Acknowledgement Statements

**Interviews:**

Medical Staff

Mental Health Staff

**Provision (a):**

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

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

Policy provides that medical and mental health staff members receive the regular PREA training as well as the specialized training. Staff interviews, training certificates and other documentation confirm the training occurs.

**Provision (b):**

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

Forensic examinations are not conducted at the facility.

**Provision (c):**

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

Staff interviews, training certificates, and other documentation confirmed receipt of

	<p>the regular and specialized training.</p> <p><b>Provision (d):</b></p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner’s status at the agency.</p> <p>Medical and mental health staff completed the general training that is provided for all employees as indicated by training documentation and interviews. The standard PREA training is provided to all employees as indicated by the records and interviews.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.341	Obtaining information from residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>FO-3D-04-6 Policy</p> <p>Vulnerability Assessment Log</p> <p>Vulnerability Assessment</p> <p>Statement of Confidentiality</p> <p><b>Interviews:</b></p> <p>Staff Responsible for Risk Screening</p> <p>PREA Coordinator</p> <p>Random Residents</p> <p><b>Provision (a):</b></p> <p>Within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>Policy provides for each resident to be screened for risk of victimization within 72</p>

hours upon arrival at the facility and periodically throughout the residents stay at the facility. The screening instrument used is the Vulnerability Assessment conducted by the risk screener. The interview revealed the youth is interviewed to obtain information about his personal history and the intake packet is reviewed. The Vulnerability Assessment instrument is used to document such information.

The interviews revealed the practice of the risk screening and other assessments being conducted as required. Screening instruments and interview confirmed the information obtained includes but is not limited to:

- Prior sexual victimization or abusiveness;
- Resident's own perception of safety;
- Age
- History of Violent Behavior;
- Self-identification of Resident;
- Offense Type;
- Intellectual Impairment,
- Physical Disabilities
- Relationship with Other Youth

**Provision (b):**

Such assessments shall be conducted using an objective screening instrument.

The objective screening instrument, Vulnerability Assessment, is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety. The instrument is scored based on the information received where a score can identify individual needs and assist in measuring risk. The Vulnerability Assessment is objective and provides a presumptive determination of risk.

**Provision (c):**

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

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



(7) Mental illness or mental disabilities;

(8) Intellectual or developmental disabilities;

(9) Physical disabilities;

(10) The resident's own perception of vulnerability; and

(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instrument and determined the items required by this provision of the standard are included. The interview with the risk screener confirmed she is aware of the elements of the risk screening instrument. The resident interviews also confirmed the administration of the screening instrument.

**Provision (d):**

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

The information in determining the risk for victimization or abusiveness is obtained through interviewing the youth, reviewing assessments and the Probation Department Report. The interview with the Case Manager revealed that the information to complete the risk screening instrument is compiled from the aforementioned resources. Additional classification assessments are completed when the youth is admitted to the facility and support the Vulnerability Assessment information.

**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 by maintaining the files securely. Staff members sign a Statement of Confidentiality which requires staff to keep information regarding residents and programming confidential and that information is not to be released unless in accordance with facility policy. Information on computers are password protected.

The interview with the Case Manager addressed the management of sensitive information.

**Conclusion:**

The evidence, including interviews and observations document the facility's adherence to the provisions of the standard.

<b>115.342</b>	<b>Placement of residents</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 635 376"><b>Documents Reviewed:</b></p> <p data-bbox="280 412 536 448">Policy FO-3D-04-3</p> <p data-bbox="280 483 638 519">Vulnerability Assessment</p> <p data-bbox="280 555 459 591"><b>Interviews:</b></p> <p data-bbox="280 627 555 663">Mental Health Staff</p> <p data-bbox="280 698 466 734">Medical Staff</p> <p data-bbox="280 770 504 806">Superintendent</p> <p data-bbox="280 842 475 878">Random Staff</p> <p data-bbox="280 913 497 949"><b>Provision (a):</b></p> <p data-bbox="280 985 1468 1102">The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="280 1137 1468 1299">Policy provides guidance to staff regarding the use of the information obtained from the screening instrument. The staff interviews indicate the screening information is used to inform staff of information used to determine housing assignments and the information may also affect program assignments.</p> <p data-bbox="280 1335 497 1370"><b>Provision (b):</b></p> <p data-bbox="280 1406 1484 1738">Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="280 1774 1455 2060">Policy provides that a resident would only be placed in isolation as a last resort for protection and it will only be until other arrangements can be made to keep the resident safe. In such cases, it is required that residents receive services which include education, medical and mental health services. Interviews with the staff were aligned with the Policy. Random staff interviews indicated that protective measures would be taken immediately when needed and would include separating the residents and informing administrators and other staff. There were not any</p>

residents identified at risk of sexual victimization placed in isolation in the 12 months preceding the audit.

**Provision (c):**

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy support not placing lesbian, gay, bisexual, transgender, or intersex residents in specific housing solely based on how the residents identify or their status. Policy prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or units observed to be reserved for LGBTI youth. Housing assignments are made on a case-by-case basis as supported by the Policy and the interview with the Therapist.

**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.

Policies support that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis which was evident from staff interviews and observations. There were no transgender or intersex residents identified in the facility during the pre-audit and onsite audit phases. The interviews 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.

**Provision (e):**

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

Policy provides that placement and programming assignments for each transgender or intersex resident be reassessed twice per year to determine any threats to safety experienced by the resident.

**Provision (f):**

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

The resident's concern for his own safety is taken into account through the administration of the screening instrument and this applies to every resident as determined by review of Policy and screening instruments. The interviews were aligned with the Policy.

**Provision (g):**

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

Transgender or intersex residents will be given the opportunity to shower separately from other residents which is also supported by staff interviews and observations. All residents shower separately, per Policy and practice.

**Provision (h):**

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

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

The policy provides a resident would only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. The provisions of this standard would be provided in accordance with the Policies, which collectively are aligned with the standard and interviews. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.

**Provision (i):**

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

Policy provides that every 30 days, staff will review the situation to determine whether there is a continuing need for separation from the general population. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.

**Conclusion:**

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

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

**Auditor Discussion**

**Documents Reviewed:**

FO-3D-04-9 Policy

JS-5A-01-13

Youth Handbook

Request Slip

Third-Party Reporting Form

Resident Grievance Form

Investigative Records

Training Credit Hours Forms

**Interviews:**

Random Staff

Residents

PREA Coordinator

**Provision (a):**

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

The facility Policy and practice provide for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he 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 a 24-hour hotline. The Telephone is accessible on the wall at the edge of the housing unit.

Policies, brochures, posters, posted instructions, and the Youth Handbook collectively provide telephone numbers and instructions for reporting allegations and/or requesting assistance as a result of sexual abuse or sexual harassment. The PREA education sessions and Youth Handbook inform residents of how to report allegations of sexual abuse and sexual harassment which include telling staff, filing a grievance, and utilizing the hotline. A Request Form is accessible to residents when they feel the need to speak directly with specific staff, Probation staff, attorney, or other person. The residents interviewed identified having contact with someone who did not work at the facility that they could report to about sexual

abuse or sexual harassment if they needed to.

Random staff interviews revealed how residents may report sexual abuse and sexual harassment or request victim advocacy services. The telephones are dedicated for reporting abuse and requesting victim advocacy services and may be used by residents without staff assistance. The resident is provided crisis line numbers and related addresses. Contact information is posted and included in the Youth Handbook. Residents are informed they can write the identified agencies and provided the addresses of the Marion County Sheriff's Office, Marion County Children's Services, Marion General Hospital SANE Unit, and Victim Assistance Program.

During the comprehensive site review, it was observed that residents have access to writing materials, locked boxes for deposit of grievances and other forms/notes, telephone, different staff members, pamphlets, and posted information. If a grievance form is used to make a written allegation of sexual abuse, the reporting procedures will be implemented in accordance with policy. Each resident is provided a Handbook which contains reporting and other PREA related information. Staff members receive information on how to report allegations of sexual abuse and sexual harassment through policies and procedures, training, and staff meetings.

**Provision (b):**

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

The random staff interviews revealed residents and staff may use the hotline to report allegations of sexual abuse and sexual harassment and the information is posted which includes the Forensic Nurse Team at the Marion General Hospital. The interviews revealed familiarity with policies and posted information on how to report allegations. The telephone is posted at edge of living unit and may be used without staff assistance. Residents are informed, through the Youth Handbook, they can write identified agencies and are provided the addresses of the Marion County Sheriff's Office, Marion County Children's Services, Marion General Hospital SANE Unit, and Victim Assistance Program. 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 document verbal reports. There is awareness at the facility of ways to report allegations of sexual abuse and sexual harassment. Interviewed staff members are aware of their duty to receive and document all types of reports alleging sexual abuse and sexual harassment.

**Provision (d):**

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

Observations revealed writing materials are available for residents to complete Grievance and other Forms or write notes, indicated by the interviews. The observations revealed the availability of help request forms.

**Provision (e):**

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

Staff may privately report allegations of sexual abuse and sexual harassment through use of the hotline, calling the Sheriff's Office, or calling The Forensic Nurse Team-Marion General Hospital.

**Conclusion:**

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

115.352	Exhaustion of administrative remedies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Facility Policy FO-3D-07</p> <p>Significant Incident Summary</p> <p>Investigative Records</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Residents</p> <p><b>Provision (a):</b></p>

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

Policy provides that an administrative process is used in dealing with grievances. Details are contained in the Grievance Policy which outlines the residents' grievance process; any third-party assistance to the resident; and appealing the initial decision in response to the grievance. The grievance process is also described in the Youth Handbook and includes a Resident Grievance Form. The Forms are also available to residents in the housing unit. During this audit period, three Resident Grievance Forms were submitted alleging sexual abuse or sexual harassment. The grievance was addressed and the administrative procedures, including the administrative investigation determined the allegation to be unfounded.

**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.

The policy provides that there is no time limit for filing a grievance regarding allegations of sexual abuse and identifies the timelines contained in the grievance process, aligned with the standard. Residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. The policy does not restrict the facility's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

**Provision (c):**

The agency shall ensure that—

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

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

The policy and Youth Handbook provide that residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. Such a grievance is not referred to a staff member who is the subject of the complaint. To assist in the proper handling of grievances alleging sexual abuse, the emergency grievance check box may be utilized on the Resident



Grievance Form to document the urgency and allegation of sexual abuse.

**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 timelines and provisions of the standard are replicated in policy.

**Provision (e):**

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

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

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

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

The policy supports third-party assistance to a resident in filing grievances related to allegations of sexual abuse and may also file grievances on behalf of the resident. Documents reviewed indicate that attorneys are permitted to visit residents, providing the opportunity to assist with or file complaints alleging sexual abuse, if needed or requested by the resident. The residents stated during interviews they had contact with someone who did not work at the facility to report allegations of abuse, if needed, and such person could make a report on their

behalf.

**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 provides for emergency grievances to be responded to within 48 hours. If a grievance alleging sexual abuse is received, it is reported by staff to the appropriate investigative entity per Policy. During this audit period, there were no grievances alleging sexual abuse. Three grievances were completed regarding allegations of sexual harassment; all allegations received an administrative review. The review of the grievances revealed the measures by staff to ensure safety and also include but not limited to determining an immediate corrective action if needed in response to the allegation.

**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 may be disciplined for submitting an emergency grievance in bad faith, only when the facility demonstrates such.

**Conclusion:**

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

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b>

Facility Policy FO-3D-04-8

Youth Handbook/Safety Guide Appendix

Memorandum of Understanding (MOU)

PREA Education Sheet/Acknowledgement

Posted Signs

**Interviews:**

Residents

PREA Coordinator

Advocacy Agency Representative

**Provision (a):**

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

Victim advocacy information is provided in the Youth Handbook and a sign is posted on the wall at the telephone. The resident interviews revealed they have access to call the hotline at any time. The MOU with The Forensic Nurse Team, Marion Hospital, for the provision of advocacy services and interview with Team representative confirmed the services to be provided. During the comprehensive site review, the dedicated telephone was checked and was found to be in working order. Telephone numbers are posted and numbers and the address for the advocacy agency are provided in the Youth Handbook.

**Provision (b):**

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

The MOU and policy provides there will be adherence to confidentiality measures. Posted at each telephone is a document which informs the resident of how to access emotional support services.

**Provision (c):**

The agency shall maintain or attempt to enter into memoranda of understanding or

	<p>other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.</p> <p>A MOU exists between the facility and The Forensic Nurse Team, Marion General Hospital, for victim advocacy services. The MOU and the advocacy service agency's representative's interview document the provision of advocacy services including but not limited to emotional support; information; crisis intervention; and accompaniment through the forensic medical examination and investigative interview by a referral advocate.</p> <p><b>Provision (d):</b></p> <p>The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>The residents have access to attorneys, probation staff, and parents/legal guardians which is supported by the Youth Handbook and policy. All residents interviewed confirmed visitation occurs and there is use of the telephone for outside communication.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>FO-3D-04-9 Policy</p> <p>Third-Party Reporting Form</p> <p>PREA Posters and other Printed Materials</p> <p>Youth Handbook</p> <p>Website Information</p> <p><b>Interviews:</b></p> <p>Random Staff</p>

	<p>Residents</p> <p>Superintendent</p> <p><b>Standard 115.354:</b></p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>The staff members were aware third-party reporting of sexual abuse or sexual harassment can be done and indicated the information will be accepted and reported. Staff members reported that they are to document all verbal reports received. The interviews revealed that staff may report allegations privately There is a link on the agency's website for a third-party to report allegations of sexual abuse and sexual harassment through the use of the posted form.</p> <p>Reporting information is located throughout the facility and accessible to residents, staff, contractors, volunteers and visitors. All residents interviewed indicated knowing someone who did not work at the facility they could report to regarding allegations of sexual abuse if they needed to and that that person could also make a report for them. No third-party reports were received during this audit period.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy FO-3D-04-1</p> <p>AM-1C-17</p> <p>Ohio Revised Code, Section 2151.421, Reporting Child Abuse or Neglect</p> <p>Grievance</p> <p>Preliminary Review of Incident</p> <p>Retaliation Monitoring Forms</p> <p><b>Interviews:</b></p>

Random Staff

Superintendent

Medical Staff

Mental Health Staff

Investigative Staff

**Provision (a) and (b):**

**Provision (a):**

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

**Provision (b):**

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

Policy and interviews support that all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws. The facility-based trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to law enforcement. Staff members are deemed as mandated reporters by the State. The policy and Revised Ohio State Code provide direction to staff on reporting allegations of sexual abuse and sexual harassment.

**Provision (c):**

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

Policy AM-1C-17 addresses confidentiality of information and the conditions for providing information. The policy provides that after allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary regarding the investigation and treatment and management decisions.

**Provision (d):**

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

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

Medical and mental health staff indicated that residents are informed of the limitations of confidentiality and the duty of the staff members to report. Both staff members revealed they are mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment.

**Provision (e):**

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

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

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

Policy and interviews provide that reports of allegations of sexual abuse are made promptly and policy provides the entities that must be contacted, including but not limited to the Marion County Sheriff's Office; Marion County Children's Service; Ohio Department of Youth Services; parents/legal guardian; and the court. The policy and interview with the Executive Director/Superintendent confirmed that a resident's case worker rather than a parent would be notified where indicated by the resident being under the guardianship of a child welfare agency. The resident's attorney would be notified within 14 days.

**Provision (f):**

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

Policy and interviews provide for all allegations to be reported and include the investigators. Administrative investigations are conducted by facility-based investigators. Allegations that are criminal in nature are referred for investigation to the Marion County Sheriff's Office. Third-party and anonymous reports received must be reported and documented by staff as confirmed through staff interviews. The investigative staff and Executive Director/Superintendent confirmed all allegations are reported to the facility-based investigators.

	<p><b>Conclusion:</b></p> <p>Based on the evidence, the Auditor determined the facility is in compliance with this standard.</p>
--	----------------------------------------------------------------------------------------------------------------------------------

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy FO-3D-04-6</p> <p>Substantial Risk of Imminent Sexual Abuse Chart</p> <p><b>Interviews:</b></p> <p>Superintendent/Agency Head</p> <p>Random Staff</p> <p><b>Provision:</b></p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>The staff is required to protect the residents through implementing protective measures. Administration of the Vulnerability Assessment, screening instrument, provides information that assists and guide staff in keeping residents safe through housing and program assignments. Additional assessment instruments also provide information in determining the risk level of each resident.</p> <p>The interviews revealed protective measures that are expected to be implemented immediately. Protective measures include separating the residents and notifying a Supervisor and/or management staff. No resident was identified to be at substantial risk of imminent sexual abuse in the past 12 months as reported and as shown on the Substantial Risk of Imminent Sexual Abuse Chart. During the intake process, residents are asked about how they feel about their safety as part of the inquiries by staff completing risk screening instrument.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
----------------	--------------------------------------------------



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Document Reviewed:**

Policy FO-3D-04-1

Case Notes

**Interview:**

Superintendent/Agency Head

**Provisions (a) - (d):**

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

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

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

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

The policy provides that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and also notify the investigative entities within the county where the facility is located. The notification is to be made as soon as possible and within 72 hours and is to be documented, in accordance with the Policy.

The interview and practice document that allegations of sexual abuse or sexual harassment from a resident regarding their stay in another facility will be reported and investigated as required. In the past 12 months, there was one receipt from a resident of an allegation of sexual abuse occurring at another facility. The facility had since closed; however, staff contacted the child welfare agency and confirmed the allegation had already been reported and the investigation is ongoing.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Facility Policy FO-3D-04-1

Facility Emergency Procedures

Training Credit Hours Forms

**Interviews:**

Random Staff

Agency Head

**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, training and interviews provide that staff take specific steps to respond to a report of sexual abuse including:

- a. Separate the alleged victim and alleged abuser;
- b. Ensure appropriate medical attention;
- c. Preserve and protect the scene until appropriate steps can be taken to collect physical evidence;
- d. Notify an administrator;
- e. Request that the alleged victim not take any actions that could destroy physical evidence;

	<p>f. Ensure the alleged abuser does not take any actions that could destroy physical evidence;</p> <p>The interviews with staff confirm awareness of first responder duties and the training they had been provided. There were no allegations or incidents where staff had to act as a first responder in the last 12 months.</p> <p><b>Provision (b):</b></p> <p>If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>The policy provides that non-security staff who may act as a first responder request that physical evidence be preserved by the victim and to contact security staff for assistance. There were no allegations or incidents where a non-security staff member had to act as a first responder in the last 12 months.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy FO-3D-04-1</p> <p>Facility Emergency Procedures</p> <p>Institutional Plan for Coordinated Response to Sexual Abuse or Assault</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Superintendent</p> <p><b>Provision:</b></p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The policy provides guidance to staff regarding the actions to take when there is an</p>

	<p>alleged incident of sexual abuse and requires a written facility plan. The Institutional Plan for Coordinated Response to Sexual Abuse or Assault plan formats the activities that must occur in response to an incident of sexual abuse. The Institutional Plan includes the involvement of identified staff members such as the first responder; mental health staff; medical staff; PREA Team (Executive Director, Assistant Director, Compliance Director); and outside agencies. The staff interviews indicated familiarity regarding the response to an allegation of sexual abuse.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>115.366</b></p>	<p><b>Preservation of ability to protect residents from contact with abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Document Reviewed:</b></p> <p>AM-1C-03</p> <p><b>Interview:</b></p> <p>Superintendent</p> <p><b>Provision (a) and (b):</b></p> <p><b>Provision (a):</b> Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreements that limits the agency’s ability to remove alleged staff sexual abusers form contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p><b>Provision (b):</b> Nothing is this standard shall restrict the entering into on renewal of agreements that govern:</p> <p>(1) The conduct of the disciplinary process, at long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or</p> <p>(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated.</p>

	<p>The facility is not involved in and does not maintain collective bargaining agreements.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interview, the Auditor determined the Standard has been satisfied.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <p>FO-3D-04-1 Policy</p> <p>Alleged Sexual Abuse and Sexual Assault Retaliation Monitoring Checklist</p> <p>Periodic Status Check for Sexual Assault, Abuse and Harassment Retaliation</p> <p><b>Interviews:</b></p> <p>Retaliation Monitor</p> <p>Agency Head/Superintendent</p> <p><b>Provision (a):</b></p> <p>The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>Policy supports protecting residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The Case Manager along with the Compliance Director conduct retaliation monitoring. The Alleged Sexual Abuse, Sexual Assault, or Sexual Harassment Retaliation Monitoring Checklist and the Periodic Status Check for Sexual Assault, Abuse, and Harassment Retaliation are used to document the monitoring activities. The Case Manager and Executive Director are familiar with the role of the retaliation monitor.</p> <p><b>Provision (b):</b></p> <p>The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident</p>

abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Protective measures include housing changes for residents and reassignments of staff or disciplinary action. Follow-up checks with parties involved to ensure safe feelings and whether retaliation is occurring is documented on the Periodic Status Check for Sexual Assault, Abuse and Harassment Retaliation. The review of the form and policy and interviews confirmed the measures to detect and protect staff and residents from retaliation by others. The staff interviews were aligned with the policy and form that would be used to document the required retaliation monitoring activities.

**Provision (c):**

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

Policy and practice demonstrate that the monitoring occurs for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The Retaliation Monitor indicated that the monitoring period may last longer if needed. Items that would be monitored to assess retaliation include but are not limited to disciplinary reports; housing changes; reassignment of staff; and program activity changes.

**Provision (d):**

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

Status checks occur and are documented as a part of retaliation monitoring. The forms, Periodic status Check for Sexual Assault, Abuse and Harassment Retaliation were reviewed. A monthly meeting is scheduled after initial contact has been made as indicated by the use of the form.

**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 policy provides for those who cooperate with an investigation if there is a concern regarding retaliation. The interviews indicated that the appropriate measures would be taken to protect any related individuals against retaliation.

	<p><b>Provision (f):</b></p> <p>An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Policy provides that the obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded. The interviews determined familiarity with the policy.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Document Reviewed:</b></p> <p>Facility Policy FO-3C-11</p> <p>Monthly Critical Incident Report Summary</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p><b>Provision (a):</b></p> <p>The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>Policy provides that residents who may be placed in isolation are only isolated as a last resort if less restrictive measures are inadequate to protect the resident and only until an alternative placement could be arranged. Policy states while in isolation the resident will not be denied educational programming, daily large muscle exercise or special education services.</p> <p>The policy and interviews provide that any use of isolation to protect a resident does not prevent them being afforded educational programming or special education services and daily visits from a medical or mental health clinician and other requirements. If a resident is placed in protective custody under such conditions, a</p>

	<p>review to determine whether there is a continuing need for the isolation will be conducted every 30 days.</p> <p>The facility reports that no residents were placed in protective custody in the past 12 months. The interviews supported that if a resident would be placed in protective custody, the required treatment and program services would be provided in accordance with policy. The Monthly Critical Incident Report Summary, used to document room confinement, documents there was no use of related isolation in the past 12 months.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>FO-3D-04-4 Policy</p> <p>Memorandum of Understanding (MOU), Marion County Sheriff’s Office</p> <p>Training Certificates, Facility-based Investigator</p> <p>Investigative Records</p> <p><b>Interviews:</b></p> <p>Investigative Staff</p> <p><b>Provision (a):</b></p> <p>When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Based on the policy and interviews, the trained facility-based investigators conduct administrative reviews. The Marion County Sheriff’s Office conducts investigations when the allegations are criminal in nature, in accordance with policy and the MOU. Investigations will be conducted promptly, thoroughly and objectively as supported by policy, interviews and the review of administrative review reports. All allegations receive a review, including those made through third-parties or anonymously.</p> <p><b>Provision (b) and (c):</b></p>



**Provision (b):**

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

**Provision (c):**

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

The Auditor reviewed the training certificates for the investigators and the interview was aligned with the training and the standard. The identified investigators receive Certificates of Completion of the online courses with the National Institute of Corrections. Law enforcement is primarily responsible for collecting physical and DNA evidence and the investigators and other staff understand how to maintain physical evidence due to the training provided.

**Provision (d):**

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

It was determined that an investigation is not terminated if the source recants the allegation, confirmed by the interview with the investigative staff.

**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 compelled interviews which is the responsibility of the Marion County Sheriff's Office, if indicated.

**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 and there is no judgement as supported by the interview and training. The interviews support that 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. The investigative reports alleging sexual harassment indicate that a review of the allegation and interviews were conducted. Residents are not subjected to a polygraph examination or other truth telling device during an administrative review/investigation.

**Provisions (g) and (h):**

**Provision (g):** Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse.

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

Administrative investigations include an effort to determine whether staff actions or failures to act contributed to any abuse. The interviews and review of reports confirmed that all investigations are completed with written reports that include a description of the evidence and investigative facts and findings. This is also the expectation and practice for criminal investigations. There were no allegations referred to the Sheriff's Office for a criminal investigation during this audit period. There were three allegations of sexual harassment that were handled through administrative review within the facility.

**Provision (i):**

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

It is the responsibility of law enforcement personnel to refer cases for prosecution which is supported by the facility entering into a MOU with the Marion County Sheriff's Office.

**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 policy provides that all case records associated with claims of sexual abuse shall be maintained in the resident's permanent file. The Compliance Director also maintains a copy, along with other related documents such as a critical incident report, in accordance with the records retention policy. The Certificate of Records

	<p>Disposal document the practice of adhering to the agency's records retention policy.</p> <p><b>Provision (k):</b></p> <p>The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p>It was confirmed that upon the start of an investigation, it will not end until the investigation has been completed. The departure of the alleged abuser or victim from the employment or control of the facility will not terminate the investigation.</p> <p><b>Provision (l):</b></p> <p>Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>The investigative agencies are aware of the PREA standards requirements. The MOU and policy provide a uniform evidence protocol will be used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.</p> <p><b>Provision (m):</b></p> <p>When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>Investigative records, policy, MOU and interview indicate that staff cooperates with investigators and that the facility is kept informed of the progress of an investigation.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy FO-3D-04-4</p> <p>Investigative Records</p> <p><b>Interview:</b></p>

	<p>Investigative Staff</p> <p><b>Provision:</b></p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>According to the interview and policy, the standard of evidence required to substantiate allegations is no higher than a preponderance of the evidence. The investigative reports, Preliminary Review of Incident, support this premise.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>FO-3D-04-1</p> <p>Preliminary Review of Incidents/Administrative Investigation</p> <p>Notification Form</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Investigative Staff</p> <p><b>Provision (a):</b></p> <p>Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Policy addresses the resident being informed when the investigation is completed and the outcome of the investigation provided in writing. The administrative investigation, Preliminary Review of Incident, provides the area where the resident signs to acknowledge being informed of the results of the administrative review/ investigation. The interview revealed that the investigator are aware of the notification requirement and the practice was reviewed through the documentation.</p>

**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 Executive Director/Superintendent will remain abreast of an investigation conducted by law enforcement and will be provided a copy of completed investigations. The results of the investigation will be provided to the resident in writing by the Compliance Director, Assistant Director or Therapist. The policy provides for this provision.

**Provision (c):**

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

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

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

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

**Provision (d):**

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

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

	<p>The policy and related form provide that following a resident’s allegation that he has been sexually abused by another resident the alleged victim shall be informed, in writing, whenever:</p> <ul style="list-style-type: none"> <li>a. The alleged abuser is criminally charged related to the sexual abuse.</li> <li>b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.</li> </ul> <p><b>Provision (e):</b></p> <p>All such notifications or attempted notifications shall be documented.</p> <p>The Policy and practice provides that the notifications to the resident be documented. The Reporting to Residents form is used to notify residents and the Preliminary Review of Incident Form may also be used to document notification regarding an administrative review.</p> <p><b>Provision (f):</b></p> <p>An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>The facility’s obligation to report under this standard terminates if the resident is released from the facility.</p> <p><b>Conclusion:</b></p> <p>The interviews and review of documentation, including policy, confirm compliance with the standard.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Document Reviewed:</b></p> <p>FO-3D-04-7</p> <p><b>Interview:</b></p> <p>Superintendent</p> <p><b>Provision (a):</b></p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p>

The policy and interview support that staff will be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. There was not a violation of any sexual abuse or sexual harassment policy by staff during this audit period.

**Provision (b):**

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

The interview and policy provide that termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident.

**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.

Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff. During this audit period, no employees were terminated or disciplined for violation of the facility's sexual abuse or sexual harassment policies.

**Provision (d):**

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

Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. The violation will be reported to relevant licensing bodies, in accordance with policy. No staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies during the past 12 months and there have been no related staff resignations during this audit period.

**Conclusion:**

Based upon the review of policies and the interview which was aligned with policies, the Auditor determined the facility is compliant with this standard.

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b> Facility Policy FO-3D-04-7</p> <p><b>Interview:</b> Superintendent</p> <p><b>Provision (a):</b> 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.  The policy and interview provide for contractors and volunteers who engage in sexual abuse with a resident be reported to law enforcement and to relevant licensing bodies. Documentation confirms that 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.</p> <p><b>Provision (b):</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.  Policy provides that any contractor or volunteer who violates the agency’s sexual abuse or sexual harassment policies be prohibited from contact with residents and reported to law enforcement, unless the activity was clearly not criminal. The policy also requires the facility staff to take remedial measures in the case of any violation of the facility’s sexual abuse and sexual harassment policies. In the past 12 months, no contractors or volunteers were reported for allegations of sexual abuse or sexual harassment.</p> <p><b>Conclusion:</b> Based upon the review of the documentation and interview, the Auditor determined the facility is compliant with this standard.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b>



Policy FO-3D-04-7

Policy FO-3C-13

Youth Handbook

**Interviews:**

Mental Health Staff

Medical Staff

Superintendent

**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.

Policy provides that any resident found in violation of the facility's zero-tolerance policy against sexual abuse or sexual assault will be terminated from the program. The facility has an administrative process in place for rule violations. There has not been an incident of resident-on-resident sexual abuse during the past 12 months. Allegations of sexual abuse are referred for an investigation to the Marion County Sheriff's Office and the Marion County Department of Children's Services.

**Provision (b):**

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Policy provides that residents will not be held in isolation longer than eight hours in a 24-hour period. Disciplinary sanctions are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; considers similar disciplinary history of other residents; and consideration of mental disabilities or mental illness contributing to the behavior. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities. If a resident is placed in isolation, daily and as needed visits will be made by medical and mental health staff. The residents will also have access to other program activities.

**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.

Consideration of mental disabilities or mental illness contributing to the resident's behavior would be given regarding the application of disciplinary measures. There were no allegations of resident-on-resident sexual abuse during this audit period.

**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 does not offer therapy or counseling designed to address and correct underlying reasons or motivations for the abuse to offending residents. The alleged offending resident is removed from the facility.

**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.

The resident will be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. No such behavior has occurred in the facility during the past 12 months.

**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.

The policy and Youth Handbook support that a report of sexual abuse made in good faith based on the belief that the alleged incident occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**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.

Sexual conduct between residents is prohibited in the facility. All such conduct is subject to sanctions or removal from the facility. Referrals are made to the investigative entities and court processes occur after determination the sexual

	<p>activity was coerced. There have been no administrative or criminal findings of sexual abuse in the past 12 months.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy FO-3D-04-6</p> <p>Policy JS-5A-01-13</p> <p>Progress Note</p> <p>Informed Consent Form</p> <p><b>Interviews:</b></p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>PREA Coordinator</p> <p><b>Provision (a) and (b):</b></p> <p><b>Provision (a):</b></p> <p>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.</p> <p><b>Provision (b):</b></p> <p>If the screening pursuant to §115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>Policy provides that a resident be referred to a mental health clinician within 14 days if he is identified as high risk with a history of sexually assaultive behavior and/</p>

or if he is identified as a risk for sexual victimization. The interview with the mental health staff member supported that the issues are addressed. The follow-up meetings are documented on the Progress Note Form which states that a follow-up meeting for such must be conducted in 14 days.

**Provision (c):**

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

Policy provides that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual abuse history. Residents are informed of confidentiality practices during PREA education sessions. The residents signed the PREA education sheet acknowledging the information. Sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to the staff, as necessary, to inform security and make effective management decisions. The files are maintained in a secure manner in locked file cabinets in a lockable office which in the locked administration area.

**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 Informed Consent Form addresses informed consent being obtained for residents over 18 years old prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. Clinical staff members understand the practice of informed consent.

**Conclusion:**

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

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b>  Policy FO-3D-04-8

Policy FO-3D-04-6

**Interviews:**

Medical Staff

Mental Health Staff

**Provision (a):**

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

The policy and facility's coordinated response plan provide that the alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The interviews were aligned with the policy including that the nature and scope of their services determined according to their professional judgment.

The victim will be transported to the hospital for a forensic medical examination by a Sexual Assault Nurse Examiner, at no cost to the victim and in accordance with policy and the coordinated response plan. Residents are informed of clinical services during the intake process. 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.

If no qualified medical staff is on duty the staff would take steps to protect the victim and medical staff would be notified. Protective measures would be implemented in accordance with Policy FO-3D-04-6. Additionally, where indicated or directed, the staff would get the victim to the Marion General Hospital where forensic medical services will be provided by a Sexual Assault Nurse Examiner. The interviews with clinical staff revealed residents have access to unimpeded access to emergency services and crisis intervention services. Staff also revealed that protective measures include separating residents and notifying a supervisor as soon as possible.

The policies and coordinated response plan provide instructions to staff for protecting residents and contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and/or arrangements for getting residents to the hospital. A review of the written plan and policies; observations of the interactions among residents and staff; and the

	<p>interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.</p> <p><b>Provision (c):</b></p> <p>Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>There are processes and services in place for a victim to receive timely access to sexually transmitted infection prophylaxis. Follow-up services as needed will be provided by the facility’s treatment staff and/or transportation will be provided to support services coordinated by staff.</p> <p><b>Provision (d):</b></p> <p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy provides that treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser, or cooperate with any investigation arising out of the incident.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Document Reviewed:</b></p> <p>Policy FO-3D-04-8</p> <p><b>Interviews:</b></p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p><b>Provision (a):</b></p>

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

Medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse as stated in the policy. Immediate and follow-up treatment for victims of sexual abuse are required by policy. Initially, the victims of sexual abuse will be transported to the Marion General Hospital where they will receive treatment and physical evidence can be gathered by a Sexual Assault Nurse Examine.

**Provision (b):**

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

The Policy requires immediate and follow-up treatment for victims of sexual abuse which would be provided by the medical and mental health staff. The Policy provides for referrals as needed. There has been no incident of sexual abuse in the facility during this audit period. The interviews revealed that appropriate procedures will be implemented if needed.

**Provision (c):**

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

Review of policies, staff interviews and observations 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.

The facility does not house females.

**Provision (e):**

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

The facility does not house females.

**Provision (f):**

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

	<p>The interviews and policy ensure victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.</p> <p><b>Provision (g):</b></p> <p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The policy provides all treatment services will be provided at no cost to the victim and whether or not the victim names the abuser or cooperates with the investigation.</p> <p><b>Provision (h):</b></p> <p>The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>All residents get a mental health evaluation within one-two weeks after admission. The facility has the capability to contract for services, where indicated, based on the results of the mental health evaluation and as needed.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>FO-3B-13</p> <p>Incident Review Checklist</p> <p><b>Interviews:</b></p> <p>Incident Review Team Member</p> <p>Superintendent</p> <p><b>Provision (a):</b></p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been</p>



substantiated, unless the allegation has been determined to be unfounded.

Policy requires the facility to conduct a sexual abuse incident review at the conclusion of an investigation, unless the allegation was unfounded. The staff understands the role of the incident review team. A review of the policy and interviews confirmed incident reviews will be conducted regarding the investigation of an allegation of sexual abuse, unless unfounded and in accordance with policy.

**Provision (b):**

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

Policy requires the review occurs within 30 days of the conclusion of the investigation. The interviews confirmed incident reviews will occur within 30 days of the conclusion of an investigation, in accordance with policy and the standard. There were no allegations of sexual abuse during this audit period.

**Provision (c):**

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

The policy and interviews identify the Executive Director, Assistant Director and Compliance Director as the incident review team. The team would receive input, as needed, from line supervisors and mental health and medical practitioners. The management team also serve as investigative 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

	<p>PREA compliance manager.</p> <p>The policy and review of the Incident Review Checklist outlines the requirements of the standard for the areas to be assessed by the incident review team. The interviews and review of policy confirm the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation. The policy provides that written results of the meeting be prepared, including recommendations for improvement and the document be submitted to the Executive Director/ Superintendent.</p> <p><b>Provision (e):</b></p> <p>The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>The policy directs the report be provided and the recommendations be implemented. Policy also provides that reasons for not following the recommendations be documented.</p> <p><b>Conclusion:</b></p> <p>Based upon the policy and interviews, the Auditor has determined the facility is compliant with this standard.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy FO-3D-04</p> <p>Policy FO-3D-04-10</p> <p>Aggregated Data Sheet</p> <p><b>Interviews:</b></p> <p>PREA Coordinator</p> <p><b>Provisions (a) and (c):</b></p> <p><b>Provision (a):</b> The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p><b>Provision (c):</b> The incident-based data collected shall include, at a minimum, the</p>

data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Policies provide that the facility will collect accurate and uniform data for every allegation of sexual abuse using a standardized instrument and a set of definitions. The facility collects the data and completes the Survey of Sexual Victimization, formerly known as the Survey of Sexual, Violence as requested. The facility participates in the data collection conducted by the U. S. Department of Justice, based on the directions provided by the U. S. Census Bureau and the Ohio Department of Youth Services.

**Provision (b):**

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

The facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the annual report and overarching annual report completed by the Ohio Department of Youth Services (ODYS).

**Provision (d):**

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

The facility collects and maintains various types of identified data and related documents regarding PREA information as applicable. The facility collects and maintains data and aggregates the data which culminates into a report for the facility and ODYS.

**Provision (e):**

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

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

**Provision (f):**

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

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

**Conclusion:**

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

<b>115.388</b>	<b>Data review for corrective action</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 635 376"><b>Documents Reviewed:</b></p> <p data-bbox="280 412 462 443">FO-3D-04-10</p> <p data-bbox="280 483 485 519">Annual Report</p> <p data-bbox="280 560 459 595"><b>Interviews:</b></p> <p data-bbox="280 631 533 667">PREA Coordinator</p> <p data-bbox="280 703 504 739">Superintendent</p> <p data-bbox="280 775 1461 891"><b>Provision (a):</b> The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ul data-bbox="280 927 1461 1146" style="list-style-type: none"> <li data-bbox="280 927 702 963">(1) Identifying problem areas;</li> <li data-bbox="280 999 1027 1034">(2) Taking corrective action on an ongoing basis; and</li> <li data-bbox="280 1070 1461 1146">(3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.</li> </ul> <p data-bbox="280 1182 1471 1384">The interviews support the review of data and that it will be used to improve the PREA efforts. The interviews and review of documentation revealed the collection of any PREA related data. There is indication and policy provides that data is reviewed to assess and improve the effectiveness of prevention, detection and response and for preparing annual reports based on the collected data.</p> <p data-bbox="280 1420 571 1456"><b>Provisions (b)-(d):</b></p> <p data-bbox="280 1491 1461 1608"><b>Provision (b):</b> Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.</p> <p data-bbox="280 1644 1452 1760"><b>Provision (c):</b> The agency’s report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.</p> <p data-bbox="280 1796 1458 1912"><b>Provision (d):</b> The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p data-bbox="280 1948 1461 2065">The annual report is prepared by the Compliance Director and approved by the Executive Director. The data used for the report is also provided to the Ohio Department of Youth Services PREA Administrator. There are no personal identifiers</p>

	<p>in the report. The overarching annual report contains PREA related data that allows for comparison of data.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.389	Data storage, publication, and destruction
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <p>Facility Policy 3D-04-10</p> <p>Annual Report</p> <p><b>Interview:</b></p> <p>PREA Coordinator</p> <p><b>Provision (a)-(d):</b></p> <p><b>Provision (a):</b> The agency shall ensure that data collected pursuant to §115.387 are securely retained.</p> <p><b>Provision (b):</b> The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.</p> <p><b>Provision (c):</b> Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p><b>Provision (d):</b> The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>Policy provides that all data collected will be securely stored and maintained for at least 10 years unless a law requires otherwise. It is required that personal identifiers be removed from aggregated data before making the data publicly available. The annual report is available to the public through the facility and agency websites. A review of the annual reports verify there are no personal identifiers.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, interviews and</p>

	observations, the facility is compliant with this standard.
--	-------------------------------------------------------------

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The initial PREA audit was conducted in 2014 and there were subsequent audits in 2017 and 2020. The PREA Pre-Audit Questionnaire and supporting documentation was initially provided to the Auditor through the online system. A comprehensive site review was provided to the Auditor and there was full access to the facility. The facility staff, and the Ohio Department of Youth Services PREA Administrator were cooperative in providing information and participating in or facilitating the interviews.</p> <p>The conference room was utilized for entrance and exit meetings and provided ample space for the attendees during the onsite audit phase. The facility administrators ensured that the interviews were conducted in private with the residents and staff. The colorful posted notices regarding the audit were observed posted throughout the facility at acceptable eye levels. The notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process for confidential correspondence; however, no correspondence was received by the Auditor.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Annual Report</p> <p><b>Interviewed:</b></p> <p>PREA Coordinator</p> <p><b>Provision (f):</b></p> <p>The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>The posted PREA reports do not contain any personal identifying information other than names and job titles. The facility’s policies and additional documentation,</p>

	<p>practices and interviews were reviewed regarding compliance with the standards and have been identified in the reports. The audit findings were based on a review of policies, procedures and supporting documentation; observations; and interviews. There were no conflicts of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles of facility and State administrators.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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



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

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

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

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

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

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

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

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



	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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