

PREA AUDIT REPORT ☐ INTERIM ☒ FINAL

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Flora Brooks Boyd			
Address: 5 Rosemount Court, Blythewood, South Carolina 29016			
Email: fbb4577@aol.com			
Telephone number: (803) 312-5199			
Date of facility visit: June 14, 2016			
Facility Information			
Facility name: Multi County Juvenile Attention Systems Stark Community Corrections Facility			
Facility physical address: 815 Faircrest Street SW Canton, Ohio, 44706			
Facility mailing address: (if different from above) Same			
Facility telephone number: 330-484-6471, ext. 2847			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Bryan W Hughes			
Number of staff assigned to the facility in the last 12 months: 27			
Designed facility capacity: 24			
Current population of facility: 24			
Facility security levels/inmate custody levels: Secure			
Age range of the population: 14-18 years old			
Name of PREA Compliance Manager: Pamela Byrd		Title:	ACA Coordinator
Email address: pdbyrd@mcjas.org		Telephone number:	330-484-6471
Agency Information			
Name of agency: Multi County Juvenile Attention System Board of Trustees			
Governing authority or parent agency: (if applicable) Same			
Physical address: 815 Faircrest Street SW Canton, Ohio, 44706			
Mailing address: (if different from above) Same			
Telephone number: 330-484-6471			
Agency Chief Executive Officer			
Name: David Clay Riker		Title:	Superintendent
Email address: dcriker@mcjas.org		Telephone number:	330-484-6471
Agency-Wide PREA Coordinator			
Name: James McKenzie		Title:	Chief Operations Off.
Email address: jcmckenzie@mcjas.org		Telephone number:	330-484-6471

AUDIT FINDINGS

NARRATIVE

The notifications of the on-site PREA auditor's visit were posted at the Multi-County Juvenile Attention System's Stark Community Corrections Facility (Stark CCF) on May 2, 2016, six weeks prior to the first date of the on-site visit. The posting of the notices was verified by photographs received electronically from the Ohio Department of Youth Services (ODYS) PREA Administrator. The photographs indicated notices were posted in various locations throughout the facility including the administration area, the dining hall, resident's living units, classrooms, the main entrance area and the staff control center. No communications was received as a result of the notices being posted.

On May 13, 2016, thirty days prior to the on-site audit, the Pre-Audit Questionnaire, facility/agency policies/procedures and other supporting documentation were received on an UBS flash drive. The questionnaire was completed in its entirety, the files were well organized and key documents were provided. However, the review revealed the need for corrective actions to be taken in some areas and additional documents were requested. The facility immediately took corrective measures which were completed prior to the on-site visit as indicated under the appropriate standards throughout this report.

A few days prior to the on-site audit, the facility provided a listing of specialized staff, a roster of direct care staff by shifts and a listing of residents by housing assignments. An interview schedule was developed based upon the random selection of eight direct care staff including staff from all shifts and ten randomly selected residents from each of the two housing units. Thirteen specialized staff interviews were also scheduled. The on-site audit was conducted June 14, 2016 and the resident population count was twenty-two. Shirley Turner, Certified PREA Auditor, assisted with conducting staff and resident interviews. The on-site audit began at 6:00 am with brief staff introductions and interviews with overnight direct care staff. After the initial interviews, a formal briefing with the facility's management staff and the ODYS PREA Administrator was held followed by a complete tour of the facility. During the tour, residents were observed in two separate classrooms (10 residents were in one classroom and 11 in the other classroom) and one resident was observed in an office with three staff members. All residents were under constant supervision of staff. Each classroom had a teacher, a direct care staff member and was equipped with a camera. Areas throughout the facility which are off limits to residents are identified with posted signs. All areas accessible to residents, including offices, the dining hall, the gymnasium and outside recreation areas are equipped with cameras. The housing units have individual sleeping rooms with toilets and sinks, two community bathrooms which contains a shower stalls with doors, and toilets with doors to allow for residents' privacy while taking showers and using the toilet. Observation of the surveillance system monitors in the control center, revealed no possibility of cross-gender viewing while residents disrobe, shower or use the toilet. Notices announcing the Auditor's on-site visit were visible throughout the facility beginning in the lobby. Third-party reporting forms and grievance forms are located in the visitation area, accessible to visitors and staff. PREA information is posted in both housing units.

During the on-site visit, a volunteer and 15 staff members, including one contractor and direct care staff from all three shifts, were interviewed. Overall, the interviews revealed staff are knowledgeable of PREA standards and were able to explain their responsibilities for preventing, detecting and reporting sexual abuse and sexual harassment. Ten of the twenty-two residents were also interviewed. Residents were informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment. Instructions for dialing the "hotline" were prominently posted next to telephones as well as contact information for outside "support service organizations". Grievance boxes with grievance forms were also observed. A test call was made to the Victims' Advocacy Service from a resident housing unit to ensure residents can speak to someone directly and to determine how a call would be processed. Staff training records and the files of residents interviewed were reviewed along with other secondary documentation.

A closeout briefing was conducted with the facility's management staff, the ODYS PREA Administrator and the ODYS officials.

DESCRIPTION OF FACILITY CHARACTERISTICS

Stark CCF is located in Canton, Ohio. The facility which opened on September 26, 2002, is situated in a residential area in Stark County. Stark CCF is one of three programs operated within the Multi-County Juvenile Attention System (MCJAS) complex. The facility is funded by the Ohio Department of Youth Services (ODYS). The Stark CCF serves male offenders from thirteen to eighteen years of age primarily from the following five Ohio counties; Carroll, Columbiana, Stark, Tuscarawas and Wayne but youth are accepted from all counties in the state of Ohio. The System is governed by nineteen (19) commissioners from these five counties. The Mission of the Multi-County Juvenile Attention System is to provide innovative and quality services to the unruly, delinquent, dependent, neglected and abused children referred by Juvenile and Family Court Judges so they can return to their homes and families to earn, live and serve successfully in their communities. The facility has the capacity for twenty-four (24) residents. The average length of program stay is six to eight months.

Youth are housed in two pods containing twelve single sleeping rooms each. Each pod has six rooms on the upper level and six on the lower level. The sleeping rooms are situated on two sides of a common area with two restrooms on the lower level. Each housing unit is equipped with chairs, couches, tables, a television, a small library and a variety of board games for entertainment. The units are adjacent to each other so staff has the ability to observe both units from one location. There are a number of offices, meeting rooms, maintenance areas, medical area, classrooms and gymnasium on the first floor. The kitchen/cafeteria are located on the second floor and shared by the CCF and the Stark County Detention Center. Staff supervision and scheduling prevent the two populations from having sight/sound contact while in the dining area or gymnasium which is also shared. The outside grounds contain a basketball court, picnic tables/benches; and a garden area.

Stark CCF Offers:

- Cognitive Behavioral Therapy (CBT) program consisting of six levels
- Comprehensive service delivery based on individualized treatment planning
- Individual, group, and family counseling for mental health & substance abuse
- Psychological & psychiatric evaluations
- Community service initiative working with local, state, and national organizations
- Aggression Replacement Therapy
- Pro-Social Skills Education
- In-House School
- Religious Services
- Independent Living Skills
- Health Education

SUMMARY OF AUDIT FINDINGS

The facility is found to be compliant with all applicable standards as indicated below and detailed throughout this report.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Policy Y-6 PREA mandates zero-tolerance of sexual abuse and sexual harassment and outlines how the facility carries out its approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. The initial review of PREA Policy Y-6 revealed the policy did not specifically state the facility has a zero tolerance policy against all forms of sexual abuse and sexual harassment ;however, corrective action was immediately taken to revise the policy.

-MCJAS utilizes a Sexual Abuse, Sexual Assault and Sexual Harassment Education Acknowledgement form which is reviewed and explained to each resident upon admission acknowledging receipt of information regarding the agency's zero tolerance of sexual abuse, sexual assault and sexual harassment.

-MCJAS provides residents with a brochure entitled "Making A Difference Together-What You Should Know About Sexual Abuse and Sexual Assault" which highlights the agency's zero tolerance policy, how to avoid sexual abuse, sexual assault and sexual harassment and how to report it.

-MCJAS Staff Training Agreement is signed by staff acknowledging completion of training on all policies related to PREA and the agency's

Standard 115.312 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

A statement of fact memorandum signed by the Facility Administrator and an interview with the Contract Administrator reveals Stark CCF does not contract with private agencies or other entities for the confinement of residents.

Standard 115.313 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA and MCJAS Directives D-19, Staff Youth Ratios and Y-3 Youth Supervision outlines the process for developing a staffing plan. The interviews with the Facility Administrator and PREA Compliance Manager confirm the facility regularly develops a staffing plan and assess the need for video monitoring.

-The Stark CCF Staffing Plan is based upon the facility's capacity of 24 residents. The facility's minimum staffing levels by shifts indicate a 1:8 staff to residents ration during waking hours and a 1:12 ratio during sleeping hours. While touring the facility, 11 residents were observed in one classroom and 10 in another classroom. There was one direct care staff member and a teacher in each classroom and a direct care staff member assigned to the corridor to escort residents to medical, restroom breaks, etc.. Another resident was observed in an office with three staff members.

-MCJAS Directive Y-6 PREA prohibits the deviations from the approved staffing plan under any circumstances. A statement of fact memorandum signed by the Facility Administrator and an interview with the Facility Administrator reveals the facility has not deviated from the staffing plan during the past 12 months.

-Documentation of the annual review of the staffing plan dated October 5, 2015 and signed by the agency-wide PREA Coordinator and the

Standard 115.315 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA prohibits cross-gender strip searches, pat down searches or visual body cavity searches of youth. Staff and resident interviews verified that the practice is consistent with the policy. MCJAS Directive Y-6 PREA requires the documentation and justification for all cross-gender searches including visual body cavity searches, strip searches, and pat down or frisk searches. Such documentation will be made through the agency's Critical Incident Reporting (CIR) database. There have been no cross-gender strip searches, pat-down searches or visual body cavity searches in the past 12 months.

-MCJAS Directive Y-6 PREA states staff will provide youth with reasonable accommodations for privacy for all shower/toilet areas and when and where youth change their clothing. Staff and resident interviews confirm there is no cross-gender viewing by same sex staff or other residents while showering, using the toilet or while dressing. While touring of the control center, the surveillance monitoring system was observed and revealed no possibility of cross-gender viewing. The policy also requires staff of the opposite sex to announce their presence before entering the housing unit by ringing a door bell to announce their presence. The announcement is made when the status quo on the housing unit changes from exclusively same gender to some element of cross gender. This practice was verified during random staff and resident interviews as well as observed during the facility tour.

MCJAS Directive Y-6 PREA prohibits the search of residents solely for the purpose of determining the resident's genital status and

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires the facility to take appropriate steps to ensure that residents with disabilities (including, residents who are deaf or hard of hearing, 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 include providing residents who are deaf or hard of hearing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, MCJAS will ensure written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities or limited reading skills. The Facility Administrator will be notified immediately if a resident's disability may hinder the learning process and take immediate action to secure an interpreter specific to the needs of the youth.

-MCJAS Directive Y-6 PREA requires facilities to take all necessary 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. MCJAS maintains contractual services with an agency capable of translation of the necessary intake and orientation materials including residents' rights to be free from sexual abuse and sexual harassment and from retaliation from reporting such incidents, and regarding facility policies and procedures for responding to such incidents. These services are accessible b

Standard 115.317 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA prohibits the hiring or promoting of anyone who: may have contact with residents, and will not enlist the 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; 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 has been civilly or administratively adjudicated to have engaged in such activity.

-MCJAS Directive Y-6 PREA requires before hiring new employees who may have contact with residents, MCJAS will perform a criminal background records check; consult the child abuse registry maintained by the State of Ohio or locality in which the employee would work; and consistent with Federal, State, and local law, make our 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. MCJAS will 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. MCJAS will 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.



Standard 115.318 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, MCJAS project managers will consider the effect of the design, acquisition, expansion, or modification and assure the ability to protect residents from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the MCJAS Information Technology Department and/or Maintenance Department, in conjunction with the PREA Coordinator will consider how such technology may enhance the ability to protect residents from sexual abuse. Video and audio monitoring devices will not substitute for required level of supervision, or youth to staff ratios.

-MCJAS has not acquired any new facilities since August 20, 2012, as documented in a statement of fact memorandum signed by the Facility Administrator. Twenty-eight additional cameras and seven replacement DVRs have been installed since 2015. As a result of a ODYS PREA Facility Vulnerability Assessment conducted on December 7, 2015, additional mirrors have been installed to eliminate blind spots. The Agency Head and Facility Director's interviews confirms consideration is given to how technology may enhance the facility's ability to protect residents from sexual abuse.

-Cameras and mirrors were observed throughout the interior and exterior of the facility during the tour. Also, viewed video monitoring system in the control center.



Standard 115.321 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA states the facility's responsibility for investigating allegations of sexual abuse is limited to evidence and crime scene security and preservation. The Stark County Sheriff's Department is responsible for conducting all investigations of sexual abuse or sexual assault. The Stark County Sheriff and Stark County Children's Services are notified of all allegations of sexual abuse at the facility. The County Sheriff's Department investigator will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator and make appropriate referrals to the County Prosecutor. MCJAS will establish a memorandum of understanding (MOU) with the Sheriff's Department in order to ensure compliance with this standard.

-Stark CCF has a MOU with the Stark County Sheriff's Department for cooperation relating to the reporting and investigation of sexual abuse, sexual assault, and sexual harassment falling at the Stark CCF. The Stark County Sheriff's Office agrees to follow all applicable protocol set forth in PREA 115.321, 115.322, and 115.371. Additionally, a letter was reviewed from a Stark County Sheriff's Department investigator confirming if a sex offense or physical abuse case is alleged to have occurred at Stark CCF, a report would be filed with his office and he would follow-up on the case. The detective further states he has twelve years of experience handling sex related crimes and has had extensive training in criminal investigations, crime scene, suspect interviews and forensic interviews of victims. The investigator

Standard 115.322 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA states MCJAS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the County Department of Children's Services and/ or County Sheriff for investigation through execution of the Plan for Coordinated Response, unless the allegation does not involve potentially criminal behavior. The Response Plan is published on the MCJAS website. The plan identifies the responsibilities of MCJAS, Children's Services, and Sheriff's Office. All referrals to these agencies are documented in the Critical Incident database and maintained in the facility's PREA file.

-In the past 12 months, Stark CCF had one allegation of sexual harassment. A complete review of the investigative file reveals the allegation was investigated administratively and determined to be unfounded. The Agency Head's interview confirms an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. There were no allegations referred for criminal investigation in the past 12 months.

Standard 115.331 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive P-6 Orientation and Training requires PREA training for all employees who may have contact with youth. The training consists of the following: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents' right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; 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; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent.

- A review of the training curriculum, staff training records and random staff interviews indicates all elements as outlined in the above-referenced policy are covered during PREA training.

-MCJAS Directive P-6 Orientation and Training requires PREA training to be tailored to the unique needs and attributes of residents of

Standard 115.332 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive P-44 Volunteer Policy requires all volunteers and contractors who have contact with residents to be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors will 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 will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency will maintain documentation confirming volunteers' and contractors' understand the training they have received.

- Interviews with the facility's only volunteer and only contractor revealed they are knowledgeable concerning their responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and harassment.

- A review of the training curriculum indicates volunteers and contractors receive the same training as employees.

-Reviewed signed PREA Acknowledgment for Volunteers and Contractors forms regarding the facility's zero tolerance policy and how to report sexual abuse and sexual harassment.



Standard 115.333 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires upon arriving at a MCJAS facility, residents be educated on the agency's zero tolerance policy regarding sexual abuse, sexual assault and sexual harassment and how to report incidents or suspicions of sexual abuse, sexual assault or sexual harassment. Each youth will have these policies and procedures explained to them by a staff member, in an age appropriate manner, asked if they understand the policies and given a copy of the MCJAS "What you should know about sexual abuse brochure" (PREA form 03A). Each youth will sign an acknowledgement form (PREA form 03B) to document that they have received and understand the information. Within 10 days of arriving at the MCJAS parent facility, all youth will receive comprehensive age-appropriate education either in person or through video that will explain their rights to be free from sexual abuse, sexual assault and sexual harassment, their rights to be free from retaliation for reporting such incidents, and MCJAS policies and procedures for responding to such incidents. They will also be given a copy of the "MCJAS Checking In" brochure (PREA form 04A). Each youth will sign an Education Acknowledgement form (PREA 048) to document their participation in an education session.

-All residents interviewed stated they received initial PREA information the same day they arrived and periodically throughout their stay. A resident's PREA Education Log documents all PREA education sessions.

-MCJAS Directive Y-6 PREA requires the original MCJAS Sexual Abuse, Sexual Assault and Sexual Harassment Education Acknowledgements be maintained in the youth's file. Ten resident files were reviewed and all files included an acknowledgement form to



Standard 115.334 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive P-6 Orientation and Training requires all appropriate staff responsible for conducting sexual abuse and sexual harassment investigations will receive specialized training. The training will specifically include: techniques for interviewing juvenile sex abuse victims; proper use of Miranda and Garrity warnings; sex abuse evidence collection in confinement settings; and the criteria and evidence required substantiate a case for administrative action or prosecution referral.

-The training curriculum from the National Institute of Corrections' (NIC) on-line course entitled "PREA: Investigating Sexual Abuse in a Confinement Settings" was provided and includes required training elements as listed above.

-Certificates of Completion for the NIC on-line course entitled "PREA: Investigating Sexual Abuse in a Confinement Settings" were provided for the three facility staff members who are responsible for conducting administrative investigations.

Standard 115.335 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive P-6 Orientation and Training requires all medical and mental health staff to receive specialized training which specifically includes: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The directive further states MCJAS does not conduct forensic examinations. If medical staff were required to conduct forensic examinations, medical staff will receive the appropriate training to conduct such examinations. MCJAS will maintain documentation medical and mental health practitioners have received the training referenced in this standard either from MCJAS or elsewhere. Medical and mental health care practitioners will also receive the overview PREA training mandated for all employees or for contractors and volunteers, depending upon the practitioner's level of involvement with residents.

-Certificates of Completion for the NIC on-line course entitled "PREA: Medical Care for Sexual Assault Victims in a Confinement Setting" were provided for four medical and mental health staff members. An interview with the individual contract physician revealed she received the PREA overview training; however, she had not completed specialized training for medical and mental health staff. Corrective action was taken and shortly after the on-site visit, the physician's Certificate of Completion for the NIC on-line course entitled "PREA: Medical Care for Sexual Assault Victims in a Confinement Setting" was sent, verifying full compliance of this standard.



Standard 115.341 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PEA requires intake staff to obtain information about each youth's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. This information will be ascertained through conversations with the youth 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 file. Each youth is screened utilizing the MCJAS Sexual Abuse and Sexual Assault Victim/Aggressor Profile Checklist (Form PREA 03) within 72 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Residents will be screened again whenever an incident or situation occurs that indicates a need to re-evaluate the potential risk for victimization or abuse and at each ninety-day review, whenever an incident or situation occurs that indicates a need for a re-screen and at least every ninety days during the placement.

-Initial review of the Sexual Abuse and Sexual Assault Victim/Aggressor Profile Checklist (Form PREA 03) revealed the assessment included all items as prescribed by the standard; however, the assessment was not an objective screening instrument. Prior to the on-site visit, corrective action was taken and a new objective screening instrument is now being used.

-MCJAS Directive Y-6 PREA mandates screening results be maintained in the youth file, which is kept in the ACA/ PREA Coordinator's office in a locked cabinet. Access to these files is limited to: Therapist, ACA/PREA Coordinator, Unit Managers, Assistant Unit Managers, +

Standard 115.342 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA mandates screening results be maintained in the youth file, which is kept in the ACA/ PREA Coordinator's office in a locked cabinet. Access to these files is limited to: Therapist, ACA/PREA Coordinator, Unit Managers, Assistant Unit Managers, and Facility Administrator. Screening results are subject to MCJAS confidentiality policies. Information obtained in the screening process will only be accessed by MCJAS staff involved in housing, bed, program, education, and work assignments.

-Documentation of use of the screening information and how decisions are made was provided for review.

-MCJAS Directive Y-1 Behavioral Management states 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, MCJAS will 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. Lesbian, gay, bisexual, transgender, or intersex residents will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. Lesbian, gay, bisexual, transgender, or intersex identification or status will not be considered an indicator of likelihood of being sexually abusive. Placement and programming assignments for each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents will shower +

Standard 115.351 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA provides multiple internal ways for youth to privately report sexual abuse, sexual assault, sexual harassment, retaliation by other youth or staff for reporting sexual abuse, sexual assault and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. There is no time limit on when a resident may report an allegation of sexual abuse. All residents have access to paper and writing utensils necessary to make a written report by asking any staff member, teacher, counselor, administrator, or medical staff. Ways to report include: verbally report by talking to counselor or nurse; verbally speak with unit manager or administrator or PREA Compliance Manager; write a statement and turn in to staff; or file a grievance. Youth also have the option to report sexual abuse, sexual assault and sexual harassment to their Guardian Ad Litem, Attorney, Probation Officer or Caseworker or any other entity that is not part of the MCJAS and is able to receive and immediately forward youth reports of sexual abuse, sexual assault and sexual harassment to MCJAS officials, therefore allowing the youth to remain anonymous upon request.

-The MCJS residents and parents handbook provides residents with multiple means of making a report regarding sexual abuse and sexual harassment. To allow for the quickest response, residents are encouraged to verbally report to any staff member immediately. Residents may file a grievance, report to their counselor, probation officer, parent, clergy, or by mailing a letter to the Facility Administrator at 815 Faircrest Street SW, Canton, Ohio, 44706. Reports may also be made by using the red telephone located on each living unit, to make a toll free hot line call directly to the local Rape Crisis Center. Youth have unimpeded access to the phones at all times and calls will

Standard 115.352 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MGJAS has administrative procedures to address resident grievances regarding sexual abuse therefore is not exempt from this standard.

-MCJAS Directive Y-6 PREA outlines specific procedures for filing a grievance alleging sexual abuse, assault, misconduct, retaliation for reporting, or failure to respond to a report of sexual abuse or harassment can be filed by a resident, parent, guardian, staff member, or anyone on behalf of the resident at any time. There is no time limit for filing a grievance alleging sexual abuse. The grievance will be considered an emergency grievance and will not be submitted to the staff member who is the subject of the grievance. Residents may mark on the front of the grievance form it is an emergency and the resident feels they are in danger of sexual abuse. At this point, the resident does not have to fill out anymore of the grievance form and place the form in the locked grievance located in the locked box located in each housing unit. If a grievance alleges substantial risk of imminent sexual abuse, the Unit Managers or Facility Administrator is notified immediately so documented response to an allegation can be provided within 48 hours and a final decision within 5 calendar days. The final decision on the merit of any grievance or portion of any grievance alleging sexual abuse shall be made within 90 days of filing the grievance.

-The policy allows third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, will be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will also be permitted

Standard 115.353 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires residents to be provided access to outside confidential supportive services. The facility has entered into a MOU with Stark County Rape Crisis Center to provide outside confidential support services for resident victims of sexual abuse. Rape Crisis Center will provide an advocate when residents are brought to a hospital for sexual assault forensic exams, respond to calls from residents received on the Center's rape crisis hotline and provide follow-up services, and provide crisis intervention contacts to victims of sexual abuse

-Residents interviewed were knowledgeable of how to access victim advocacy services; however, the majority of those interviewed could not articulate the type services available through outside victim's advocacy services. Corrective action was taken immediately by facility staff conducting an additional education session for all residents focusing on services provided by the Rape Crisis Center. Documentation and an outline of item included were provided upon completion.

-Attorneys and other legal representatives are provided with reasonable and private access to residents, upon request. Residents may call and receive visits from their parents/legal guardians on a regular basis. Resident interviews help to verify compliance with this standard.

Standard 115.354 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA states information regarding third-party reporting of sexual abuse, sexual assault and sexual harassment can be obtained through the MCJAS website on behalf of any resident of a MCJAS facility by logging on to: www.mcjas.org and clicking on the PREA Information icon. Third party reporting forms are also available to the public in the facility's visitation room.

During the facility tour, third party reporting forms were observed in the lobby area.

Standard 115.361 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA mandates all MCJAS staff must report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or harassment that occurred in any facility, whether or not it is part of MCJAS; retaliation against residents or staff who reported such an incident; and any staff neglect that may have contributed to the incident. MCJAS staff are also required to comply with all mandatory reporting laws defined in the Ohio Administrative Code. All staff, volunteers and contractors are prohibited from revealing any information related to a sexual abuse or sexual assault report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Medical and behavioral health services clinicians/providers must also report sexual abuse or sexual assault to their designated supervisor as well as the appropriate Children Services Agency as required by mandatory child abuse reporting laws. Medical staff inform all residents of their duty to report, and limitations of confidentiality upon initiation of services.

-The policy also requires upon receiving any allegation of sexual abuse, the Facility Administrator, Unit Manager or Administrator will promptly report the allegation to the Chief Operations Officer and to the alleged victim's legal guardian, Caseworker, Probation Officer as required by the-Plan for Coordinated Response to Sexual Abuse or Assault.

- No such reports were made in the past 12 months therefore no documentation was available



Standard 115.362 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires staff to take immediate action to protect a resident when he is identified as being subject to substantial risk of imminent sexual abuse. Facility Administrator and random staff interviews revealed appropriate actions to be taken to protect a resident at risk of imminent sexual abuse. Changes in housing or even transfer to another facility could be options to protect youth.

-There were no residents identified as being at risk for sexual abuse in the past 12 months.

Standard 115.363 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA states upon receiving an allegation a youth was sexually abused or sexually assaulted while confined at another facility, the Facility Administrator will notify the administrator of the facility or appropriate office of the agency where the alleged abuse or assault occurred and will also notify the County Department of Jobs and Family Services. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. A CIR will be completed by the staff who initially received the allegation. A copy of the CIR will be placed in the facility's PREA file.

-During the past 12 months, there were no allegations received that a resident was abused while confined to another facility and there were no allegation of sexual abuse received by Stark CCF from other facilities.

Standard 115.364 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires first responders, Shift Supervisors or Senior Staff to take immediate action to protect the resident victim by physically separating the victim and the aggressor. Non-punitive protective housing will be provided as needed. The placement of at risk youth on another unit will be documented in the Facility Log Book and youth's file. If the at risk youth is on a Close Observation or Suicide Warning status, alternative rooming will be made in consultation with the Suicide Intervention Specialist, Medical Director, or if they are not available, the Facility Administrator in accordance with established supervision standards for Close Observation and Suicide Warning.

-The policy states first responders will take the necessary steps to preserve and protect the scene and physical evidence. If the first responder is a support staff, they will request the alleged victim not take any action that could destroy physical evidence. If the first responder is not a supervisory staff, the responder will provide any necessary first aid, advise the alleged victim to not take any action that could destroy physical evidence and then notify the Shift Supervisor. If the sexual abuse or sexual assault occurred within 96 hours, the alleged victim and aggressor will be advised by the staff receiving the report or the shift supervisor not to shower, change clothes, urinate, defecate, drink, eat or otherwise clean themselves, or if the abuse or assault was oral, to not drink or brush their teeth, or otherwise take any action that could damage or destroy evidence. The staff receiving the report will make every effort to ensure these measures are taken.



Standard 115.365 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires the development of a written plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership. The facility's coordinated staff response plan was reviewed and clearly outlines staff members responsibility as required by this standard.

-Interviews with the Facility Administrator and other staff revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-A review of an agreement between the MCJAS and the Fraternal Order of Policy Ohio Labor Council, Inc. revealed an addendum (effective October 8, 2014 through October 7, 2017) revealed neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf will enter into or renew any collective bargaining agreement or other agreement which limits the agency's ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

-The Agency Head interview helped to verify compliance with this standard.

Standard 115.367 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

STARK CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires the protection of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. Monitoring will be documented in the facility's PREA incident file.

-Stark CCF's PREA Compliance Manager is responsible for monitoring retaliation and an interview revealed she is familiar with her responsibilities as retaliation monitor. According to the MCJAS PREA policy, measures used to protect resident victims of sexual abuse or sexual harassment include housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

-There were no incidents of retaliation in the past 12 months.

Standard 115.368 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-According to MCJAS Directive B-1 Behavioral Management and verified during staff interviews, it may be necessary to separate a youth from the general population for the safety of that youth, due to medical orders or concerns about protection from harm. Note: This action is non-disciplinary. These youth will have privileges approximating those available to the general population. The Administrator and/or designee may order the immediate placement of a youth on room restriction in their room. This decision will be reviewed daily. A youth may be segregated away from the general population to ensure their safety. The facility would only restrict a resident to his single room as a last measure to keep a resident who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged.

-There were no instances of alleged resident victims of sexual abuse being held in isolation in the past 12 months.

Standard 115.371 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA states the agency's responsibility for investigating allegations of sexual abuse is limited to evidence and crime scene security and preservation. The Stark County Sheriff's Department is responsible for conducting all investigations of sexual abuse or sexual assault. The Stark County Sheriff and Stark County Children's Services are notified of all allegations of sexual abuse at the facility. The County Sheriff's Department investigator will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator and make appropriate referrals to the County Prosecutor. MCJAS and each county Sheriff's Office will establish a MOU in order to assure compliance with this standard.

-MCJAS Directive P-27 Administration of Employee Investigations requires upon notification that an employee incident may have occurred, the Facility Administrator, Supervisor (1) or Unit Manager will conduct an immediate, preliminary investigation to determine whether or not there is probable cause to initiate a full investigation. All allegations of sexual abuse must be investigated and a allegation packet initiated. If the initial phase of the investigation indicates the possibility of criminal wrongdoing, the Administrator shall contact the police authority and others as prescribed by policy. The administrative investigation will not be suspended during investigation by the police authority, but shall proceed concurrently. At the completion of the administrative investigative phase, the Administrator will collect

Standard 115.372 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA states the facility will impose no standard higher than a preponderance of the evidence in determining whether allegations of misconduct by staff is substantiated.

-There were no allegations of staff misconduct in the past 12 months.

Standard 115.373 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires at the conclusion of any law enforcement investigation where a sexual abuse incident has been reported, the victim will be notified that the investigation has concluded. The resident will be informed (unless the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he has been sexually abused by another resident, the alleged victim will be informed whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility and whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

-No allegations of sexual abuse occurred within the last 12 months.

Standard 115.376 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA mandates staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will 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. 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, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Staff disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The policy also mandates the violation be reported to local law enforcement.

-No employees have been terminated or disciplined in the past 12 months for violation of the agency's sexual abuse or harassment policies.

Standard 115.377 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark is found to be in compliance with this standard based upon following evidence:

-MCJAS Directive Y-6 PREA requires volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents to be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. This procedure was verified during an interview with the Facility Administrator.

-There have been no allegations of sexual abuse or sexual harassment by volunteers or contractors reported in the past 12 months.

Standard 115.378 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA states that residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that a resident engaged in youth-on-youth sexual abuse. Sanctions will be commensurate with the nature and circumstances of the sexual abuse, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Disciplinary sanctions do not result in long term isolation of a residents. Residents maybe placed in an isolation room or on room restriction for a limited number of hours and during that time the resident is visited by medical and mental health staff verified.

-This procedure was verified during medical an mental health staff interviews.

-There were no administrative findings of guilt for resident-on-resident sexual abuse in the past 12 months.

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



Standard 115.381 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with the standard based upon the following evidence:

-MCJAS Directive T-2 Youth Intake Procedures requires that residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse will be referred for medical and mental health screening services within 24 hours of the screening. Staff interviews verified compliance with this standard and documentation demonstrating the referral to medical and mental health staff was provided and found to be in compliance with this standard.

-The policy also requires that information related to sexual victimization or abusiveness that occurred in an institutional setting be 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.

-Medical and mental health staff interviews revealed they obtain informed consent from residents 18 years of age and older before reporting information about prior sexual victimization that did not occur in an institutional setting.

Standard 115.382 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires the following: youth victims of sexual abuse receive timely, unimpeded access to on-site and off-site 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.

-Random staff interviews verified if medical staff is not available, staff first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners.

-MCJAS policy and medical staff interview indicate resident victims of sexual abuse will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Additionally, treatment services will be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The agency has a MOU with the Stark Rape Crisis Center to provide victims advocacy services and a MOU with with Mercy Medical Center's Haven Program to provide for patient care residents who allege to have experienced sexual assault. Services include an examination by a Forensic Nurse Examiner (FNE) when possible. I



Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

MCJAS Directive Y-6 PREA requires the facility to offer medical and mental health evaluations, and as appropriate, treatment to all youth who have been victimized by sexual misconduct in any prison, lockup, or juvenile facility. Victims will also be provided with medical and mental health services consistent with the community level of care. The facility will offer medical and mental health services to a youth sexual abuser, and as appropriate, treatment consistent with the community level of care. Medical and mental health staff interviews and clinical notes revealed the evaluation and treatment of victims include, 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.

According to medical staff and agency policy, resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Treatment services will be provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Agency policy and mental health staff interviews revealed the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 30 days of learning of such abuse history and offer treatment as deemed appropriate by mental health practitioners.



Standard 115.386 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires the facility to conduct an incident review at the conclusion of every sexual misconduct investigation or administrative review, including those where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review will ordinarily be conducted within 30 days of the conclusion of the investigation. The review team will include the Facility Administrator, Unit Managers and the PREA Compliance Manager with input from line other staff involved in the investigation. The incident review team will do the following: 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 was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

-There were no incident review reports in the past 12 months.



Standard 115.387 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA mandates the agency to collect accurate, uniform data for every allegation of sexual abuse at all facilities using the most recent version of the Survey of Sexual Violence made available by the Department of Justice. This data is also maintained in the MCJAS Critical Incident Database and is aggregated at least annually. MCJAS will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. All data required by this standard will be secured in the office of the PREA Coordinator for at least 10 years after the date initial collection unless required otherwise by Federal, State, or local law. Upon request MCJAS will provide all such data from the previous calendar year to the Department of Justice (DOJ) no later than June 30, or as otherwise requested by the DOJ. These reports are made public through the MCJAS website at least annually, only after all personal identifiers have been removed.

- MCJAS website was reviewed and found to be in compliance with this standard.

Standard 115.388 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

Stark CCF is found to be in compliance with this standard based upon the following evidence:

-MCJAS Directive Y-6 PREA requires the agency to review all 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 by identifying problem areas, taking ongoing corrective action and preparing an annual report of its findings for each facility, and MCJAS as a whole. These reports include a comparison of the current year's data and corrective actions with those from prior years and an assessment of the progress in addressing sexual abuse. The report is approved by the MCJAS Superintendent and made available to the public through the MCJAS website. MCJAS will redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but will indicate the nature of the material redacted.

-MCJAS 2015 and 2016 annual reports are available on the website.

-There were no reported PREA incidents.

Standard 115.389 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

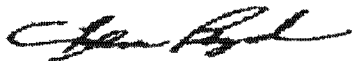
Stark CCF is found to be in compliance with this standard based upon the following evidence:

MCJAS Directive Y-6 PREA requires and an interview with the PREA Coordinator verified sexual abuse and sexual harassment data be collected and securely retained for 10 years according to the records retention schedule. Additionally, policy requires the annual report be reviewed and approved and is made readily available to the public through its website. A review of the annual report on the MCJAS website revealed the report is made available to the public and personal identifiers are removed from the report. Historical data for the past two fiscal years was made available for review on the agency's website..

AUDITOR CERTIFICATION

I certify that:

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



July 5, 2016

Auditor Signature

Date

