

PREA Facility Audit Report: Final

Name of Facility: Linda Martin Attention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/21/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Wilson Smith	Date of Signature: 11/21/2019

AUDITOR INFORMATION	
Auditor name:	Smith, Wilson
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Email:	wilsonsmithllc@gmail.com
Telephone number:	
Start Date of On-Site Audit:	10/17/2019
End Date of On-Site Audit:	10/18/2019

FACILITY INFORMATION	
Facility name:	Linda Martin Attention Center
Facility physical address:	6807 Nonpariel Rd, Wooster, Ohio - 44691
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Emily Moore
Email Address:	emmoore@mcjas.org
Telephone Number:	3302649050

Superintendent/Director/Administrator	
Name:	James Mckenzie
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Facility PREA Compliance Manager	
Name:	Emily Moore
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Facility Health Service Administrator On-Site	
Name:	Donna Backus
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Facility Characteristics	
Designed facility capacity:	20
Current population of facility:	4
Average daily population for the past 12 months:	7
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	13-18
Facility security levels/resident custody levels:	Locked
Number of staff currently employed at the facility who may have contact with residents:	12
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7

AGENCY INFORMATION	
Name of agency:	Multi-County Juvenile Attention System
Governing authority or parent agency (if applicable):	MCJAS Board Consist of The Board of Trustees & Joint Board of County Commissioners
Physical Address:	815 Faircrest Street SW, Canton, Ohio - 44706
Mailing Address:	
Telephone number:	330-484-6471

Agency Chief Executive Officer Information:	
Name:	James McKenzie
Email Address:	jcmckenzie@mcjas.org
Telephone Number:	330-484-6471 ext 282

Agency-Wide PREA Coordinator Information			
Name:	Kristy Werstler	Email Address:	klwerstler@mcjas.org

AUDIT FINDINGS

Narrative:

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

Audit Findings

Contract Procurement Process

The auditor was contacted directly by Multi-County Juvenile Attention System (MCJAS) in December 2018 seeking a bid for the audit cycle. The auditor provided a bid that outlined required audit approach, methodology, procedures, and the various audit phases that include the use and purpose of corrective action. The bid also discussed cost, timelines, and requested the agency utilize the Online Audit System.

Pre-Onsite Audit Phase

The PREA Audit for the Linda Martin Attention Center began on July 17, 2019 with the submission of the Pre-Audit Questionnaire.

Kristy Werstler, PREA Coordinator for MCJAS, emailed the audit notice for approval on August 19, 2019. The auditor approved the document. The audit notice was printed on colored paper, in large print, and in multiple languages along with a statement of confidentiality.

During the onsite audit, the audit notices were posted in all common area rooms, the hallway of the living units, in the hallway of the control room, and at the main entrance where all visitors sign in. The auditor was able to photograph the various locations of the audit notice and confirm the notices had been posted for about two months according to interviews.

The PREA Compliance Manager completed the PREA Pre-Audit Questionnaire on July 17, 2019. The Pre-Audit Questionnaire contained official policy, procedural documents, and sample documentation. The PREA Compliance Manager, at the direction of the PREA Coordinator, maintains a file for each PREA standard that contains the official documentation required by the standard. These were made available during the onsite audit. During the review of the Pre-Audit Questionnaire, the auditor was able to review policy, procedure, and some documentation. The documentation included schedules, PREA training for various staff, organizational charts, staffing plans, PREA brochures, MOU's for medical exams, MOU with the Wayne County Sheriff, MOU with Wayne County Children's Advocacy Center, training documentation, training acknowledgements, training records for investigative staff, specialized training records for medical staff, and the agency website to review collected data and other related PREA information. The main documentation not uploaded in the Pre-Audit Questionnaire included documentation specific to staff and resident files, some training records, and one investigative file.

Wayne County Children's Advocacy Center, the local advocacy center, was contacted regarding the Memorandum of Understanding. There have been no calls to this organization for intervention or outside

support services. The services outlined in the MOU were again verified.

The auditor did not receive any correspondence during the pre-onsite audit or post-onsite audit phase.

Onsite Audit Phase

The onsite audit began at 0900 on October 17, 2019. On this date, the census included only 4 male youth. The low census is due to efforts surrounding Ohio's Juvenile Detention Alternatives Initiative (JDAI). Due to the size of the facility, obtaining a significant sample size of random staff and residents was not possible. No new residents arrived on either day of the audit.

An entrance meeting was held with the Compliance Manager and PREA Coordinator to discuss logistics, questions, and concerns. This is the agency's second audit cycle and eighth audit overall.

The auditor conducted an exit meeting at 1130 on October 18, 2019 with the PREA Coordinator and Superintendent. There were no findings to discuss. However, best practice recommendations regarding the transfer of residents between agency facilities was discussed.

Methodology

As stated previously, the onsite audit phase took place on October 17-18, 2019. The auditor used an entrance meeting and exit conference to discuss logistics, processes, recommendations or areas of success.

The auditor reviewed the files for all current residents. These files are kept in a filing drawer in the control room. These files included resident education acknowledgement forms, vulnerability assessments, and demographic information. The auditor used these files to determine if there were any residents present who fell under the categories for targeted interviews. The auditor was provided the census and interviewed all residents. The PREA Compliance Manager was also asked about residents available for targeted interviews. It was determined two residents fell under a category for targeted interviews.

Files from former residents were randomly selected by the auditor. The auditor was provided the facility usage report for the past 12 months and submitted the names of randomly selected residents to the PREA Compliance Manager the day prior to the onsite audit phase. These files were stored in a closet by the control room. The auditor randomly selected 25 residents from the list of 255 residents. It should be noted here the Pre Audit Questionnaire noted 544 intakes during the previous 12 months. It was determined the facility data management system was duplicating intakes and this number was entered in error.

The auditor also requested and reviewed the personnel files for the two new hires in the last year. The auditor also randomly selected three current employees, of the 12 total employees, to review. In all, the auditor reviewed the personnel files of 5 of 12 employees. The personnel files included criminal and child abuse registry checks and documentation showing the agency is obtaining necessary information for hiring and promotion decisions.

The auditor interviewed all available staff on the day of the onsite audit. The staff available did not meet the minimum requirement of the PREA Auditor Handbook due to the size of the facility. One interview (Suicide Prevention Specialist) took place after the onsite audit phase. Prior to the exit conference, the

PREA Coordinator and auditor went to the agency's central office to review background checks and hiring applications. The interview with the human resources coordinator took place at this time. The overall onsite audit concluded at around 1200

Interviews

Targeted Residents = 2

Random Residents = 4

Random Staff = 7

Investigators = 2

PREA Coordinator

Compliance Manager

Agency Superintendent

Human Resources

Registered Nurse

Suicide Prevention Specialist

Wayne County Children's Advocacy Center Representative

Catholic Charities

Volunteers = 1

Educational Staff = 3

Food Service Staff = 1

It is important to note, some interviewees overlap in their roles. For instance, two of the four residents were asked random in addition to targeted questions. Also, all staff interviewed were asked random staff questions in addition to questions if they had a specialized role. All staff are first responders and perform intakes that includes screening new residents.

Interviews for staff and residents took place in a private office toward the back of the control room area. This room provided enough privacy so residents could not be heard.

Due to size, interviewees were not selected randomly. Instead, all individuals available were interviewed. To maximize the amount of staff, the auditor interviewed staff on four consecutive shifts. All residents were interviewed with two targeted interviews.

Residents were divided by two units with three of the four on one unit. Due to Ohio law, juveniles 18 years of age may not have contact with residents under 18. Therefore, the facility was using one observation room on one of the living units.

All staff available on the four consecutive shifts of the two days of the onsite audit were interviewed. This included seven random staff with one in a supervisory role. Supervisors are primarily responsible for the day to day operations and are counted in coverage at all times. However, the supervisors also serve as specialized staff since they are trained to conduct administrative investigations. Therefore, the supervisor served in a dual role for interviews. All staff at the facility serve as intake staff. Therefore, all staff were asked about intake documents, searches, housing assignments, and vulnerability assessments.

In addition to the random staff, interviews were also conducted with the agency director, PREA Coordinator, PREA Compliance Manager, one medical staff, human resources coordinator, the agency's Suicide Prevention Specialist, a representative from Catholic Charities who provides counseling services

to the facility, educational staff, a food services staff, and a representative from the outside advocacy services. The PREA Compliance Manager for the facility is the facility administrator.

One out of six volunteers for the facility were contacted. This volunteer is the primary volunteer at the facility. This individual is aware of his obligations under PREA and confirmed the agency's policy for obtaining services from volunteers.

The auditor also conducted phone interviews with a representative from the agency that provides interpretation services. The phone numbers were confirmed for this facility and the services that are provided. These services are available to the residents 24 hours a day.

A representative from Catholic Charities was interviewed regarding general duties and also services for following up with residents that have disclosed prior abuse or victimization. The representative reported systematic referral and described the process before the question was posed. Confidentiality, and its limits, are explained to all residents.

During interviews, two residents reported prior abuse outside of the institution. These were reported and previously investigated according to the residents. No residents reported any disabilities, needing services due to limited English proficiency, or identifying as LGBTI. No resident reported the use of restricted behavior program. In all, the residents reported a secure and safe environment due to census level and the enforcement of the norms. In particular, considerable attention is paid to shower and bathroom procedures. There is great consistency regarding how hygiene, bathroom, and showers are facilitated in the unit. All residents were asked about privacy during hygiene and showers and all reported staff only allow one at a time in this area. No resident reported a breach in this procedure, acknowledging clear expectations during hygiene. This process allows unit staff to monitor the hallway to prevent residents from entering another room in addition to maintaining sight and sound supervision of the resident in the bathroom.

MCJAS has MOU's with the county sheriff, the local children's advocacy center, and the local hospital for forensic medical exams. The staff were aware the local hospital provided forensic medical examinations during interviews.

Documentation Review

During the onsite audit, the auditor randomly selected and reviewed background checks for current employees and all new employees, and applications for new employees. Background checks for contractors and volunteers were provided via the Pre-Audit Questionnaire. The auditor randomly selected 25 vulnerability assessments and educational materials for residents during the past 12 months. The auditor also reviewed PREA education verification, three videos demonstrating unannounced rounds, meeting minutes for discussions about PREA or upgrading facilities, and documentation for mandatory reporting laws. The documentation requested pertained to all current residents and new employees. The auditor selected to review three random current employees, one volunteer, and the sole contractor for the facility.

The auditor was also provided the training records for all staff, volunteers, and sole contractor.

The facility has not had any allegations of sexual abuse or sexual harassment. The last investigation took place in August 2018. This incident alleged an inappropriate boundary between two residents but did not

rise to the level of sexual harassment since the event was not repeated. The agency did complete a full investigation that included an incident review and notification. This investigation was made available for review. Reports regarding abuse that occurred outside of the facility were requested to show compliance with mandatory reporting laws. Documentation to show proper reporting was provided by the facility administrator.

There was no documentation regarding any type of cross gender searches. This was verified in interviews with all staff and residents that the facility never does any type of cross gender search nor does the facility do any type of body cavity search.

AUDIT FINDINGS

Facility Characteristics:

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

Audit Findings and Impressions

MCJAS is a county funded entity that transitioned to a 1:8 ratio during the last audit cycle. Currently the average census is eight. The staffing plan calls for two staff at all times. Until earlier this year, the facility had one unit for female residents. Due to difficulty hiring, the facility created a new staffing plan that requires a female staff to be on call in case of a female intake. At the time of the onsite audit, the facility did not house any female residents. This has occurred in other years as well.

The facility's low census is due to Ohio's participation in JDAI. Despite the low numbers, the facility must be prepared to take female residents at all hours. The staffing plan was updated accordingly when circumstances dictated in August 2019. This was done in consultation with agency administration.

Corrective action from a previous audit was also discussed with various staff. These staff were well versed on the procedures. The documentation and interviews indicate these actions have been fully operationalized. This was also evident with staff that were not employed during the last audit.

Of significant importance, interviews with residents and staff indicated a strong working relationship. Negative remarks about staff were not noted. A level of comfort and confidence was conveyed by the residents toward staff. The facility has a safe and secure environment.

During the post onsite-audit phase, the auditor performed a search regarding past or current litigation concerning the agency. There were no current or relevant findings.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	1
Number of standards met:	42
Number of standards not met:	0

Summary of Audit Findings:

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 0

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, P-27 • Interviews: PREA Coordinator, PREA Compliance Manager, Superintendent, Random Staff, Resident, Specialized Staff. • Documentation: Resident Education Materials, Resident Brochures. Other Evidence: PREA Posters, Agency Organizational Chart, PREA Coordinator Position Description, Compliance Manager Position Description, Agency Disciplinary Grid <p>(a) The agency and facility clearly outlines a zero tolerance policy toward sexual abuse and sexual harassment. Agency Policy Y-6, available on the agency’s website, outlines, defines, and clearly prohibits any sexual activity involving a juvenile with another juvenile, staff, contractor, or volunteer. The policy further clarifies that such action is subject to administrative and criminal investigations. The policy also defines and prohibits all forms of sexual harassment. The agency utilizes definitions established by the PREA Juvenile Standards. Interviews with staff and residents indicated this policy is followed and the facility / agency mandates a zero-tolerance policy. The mandate is also portrayed through the numerous zero tolerance posters, in both English and Spanish, posted in the common areas and on the living units. This is also conveyed through the grievance procedures, resident education materials, and reaffirmed in meetings with staff and residents.</p> <p>(b) This standard also requires the agency to “employ or designate an upper-level agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.” Kristy Werstler is the agency’s PREA Coordinator. Ms. Werstler reports affirmed she has sufficient time and authority to manage the agency’s PREA efforts. Ms. Werstler, by all accounts, has sufficient authority. This is evident through her continuous quality improvement reviews and the way files are maintained to show compliance.</p> <p>(c) The facility’s Compliance Manager is the facility administrator. During interviews, the Compliance Manager reported sufficient time and authority to manage the facility’s PREA efforts. The Compliance Manager’s ability train staff, conduct investigations, and facilitate other duties was evident. This was highlighted through the facility’s revised staffing plan in August 2019 due to staffing changes. Also, the Compliance Manager position description outlines the duties of the position.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator. • Documentation: Agency Website <p>The facility is part of the greater MCJAS which serves five counties in Eastern Ohio. The agency website, agency policy Y-6, and interview with the PREA Coordinator confirms the facility does not contract with other agencies for confinement. Youth are placed and removed from the facility through juvenile court of one of the five counties only.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, P-20, D-15, T-15, D-19, T-19, Y-3, P-16. • Interviews: PREA Coordinator, PREA Compliance Manager, Agency Director, Random Staff, Specialized Staff. • Documentation: Staffing Plan, Facility Census for the 1st, 10th, and 20th days of each month, Facility Schedules, Continuous Quality Improvement Form, Unannounced Visitation Forms, Video Monitoring System <p>(a) The facility staffing plan was reviewed and outlines the subsections of this provision. The staffing plan clearly dictates that there will always be two staff present. This is maintained even when the census falls below 8 residents. This occurs on all shifts. The facility staffing plan was reviewed in January 2019 and again in August 2019 due to changes in staffing. The facility was unable to ensure a female staff was always on shift . Therefore, the facility implemented an on-call system due to the possibility of female resident intakes. Staff interviewed were aware of the process for obtaining a female staff to conduct an intake.</p> <p>The facility staffing plan is designed around the 11 subsections under this provision. This includes generally accepted practices, findings of inadequacy, resident population, supervisory staff placement, programming, incidents and any other factors. There have been no relevant incidents in the last year or any findings from any investigative or licensing body. This was confirmed during interviews.</p> <p>There are 24 cameras in the facility covering all the common areas, egress to outside areas, and in the hallways of the units. No additional cameras were added due to the low facility census.</p> <p>Interviews with the Compliance Manager, PREA Coordinator, and agency director all noted the fluidity of the staffing plan given current staffing and intakes.</p> <p>(b) Interviews with the PREA Coordinator, Compliance Manager, and agency director indicate no problems occurred with the staffing plan. No deviations were noted. This was reaffirmed through resident and staff interviews. Staff were aware of the procedures for obtaining a female staff if a female resident is brought to the facility.</p> <p>Agency policy outlines that staff should document deviations from the staffing plan in facility logs, call off, and overtime logs.</p> <p>(c) This is the facility’s second audit working under 1:8 staff to resident ratios. The facility has been well within the ratios given the low census. The average census during the preceding 12-month period was 8 residents. The facility always requires 2 staff on shift greatly exceeding minimum standards.</p> <p>The facility census, staffing plan, and schedules were reviewed for the entire period under</p>

review. The facility was able to safely maintain appropriate ratios during waking and sleeping hours. Interviews with the Compliance Manager, PREA Coordinator, and agency director indicated no issues complying with these ratios.

(d) The annual review of the staffing plan was facilitated by the PREA Coordinator and Compliance Manager in January 2019. In addition, a revised staffing plan was created in August 2019 necessitated by the facility census and current staffing levels. There is always a possibility the facility has a female resident intake from the proximal county. To maintain its obligation, the facility revised the staffing plan in August 2019 where an on-call system is used in case of a female resident intake. The staffing plan clearly took into account staffing patterns, video monitoring, and ability to adhere to the staffing plan.

(e) Agency policy dictates that unannounced rounds should be completed by “Supervisors, Assistant Unit Managers, Unit Managers, or Administrators.” This facility utilizes both the PREA Compliance Manager and two supervisors to conduct unannounced rounds. Each individual conducts one unannounced round per month, unbeknownst to the others. These rounds are documented. The PREA Compliance Manager was able to show video footage of the last 3 rounds conducted. Interviews with staff acknowledged this practice. The supervisors and the PREA Compliance Manager will utilize the garage entrance, thereby eliminating the need to facility staff to allow them into the building. This further prevents any alerting of staff. When entering from the garage, the individual enters the control room and immediately has visual and auditory supervision of about 80% of the building.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, D-12. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident, Specialized Staff. • Documentation: Training Records, Training Certificates. <p>(a) Agency policy Y-6 prohibits cross gender strip searches and body cavity searches. In addition, it outlines staff must take youth to a local hospital upon suspicion of contraband in a body cavity where a medical practitioner will perform the search.</p> <p>Interviews with residents indicated that no cross-gender searches occur, nor do any strip searches or body cavity searches. Residents reported staff perform same gender pat down searches and a “hygiene” search which is outlined in agency policy D-12. The residents described the hygiene and pat down searches. In addition, the residents, with great consistency, explained how strip searches are facilitated. This includes the placement of staff where one is outside the door and the other staff is around the corner observing the staff form the mirror.</p> <p>Agency policy D-12 outlines a “hygiene” search as “an overall inspection of the skin and hair of a person to look for communicable diseases, parasitic infestations, or signs of abuse.” These searches are performed by same gender staff, where the staff does not touch the resident, and a resident’s undergarments are never removed. The only time a staff is permitted to touch a resident is to check for head lice. This can only occur prior to a resident removing his/her outer garments.</p> <p>Interviews with random staff, Compliance Manager, and PREA Coordinator indicated that cross gender searches and body cavity searches are prohibited. Staff also provided a consistent account of the “hygiene” and strip searches. Staff were consistent with reporting the conditions necessary to perform a strip search and the placement of staff performing the search.</p> <p>(b) Agency policy requires pat down searches to be conducted by staff of the same sex as the youth. Policy D-12 dictates that when a staff of the same gender is not immediately available. The resident shall be held until that staff is available. This is outlined in the staffing plan. Staff were well versed on this.</p> <p>(c) Agency policy Y-6 prohibits cross gender searches of any kind even in exigent circumstances. Interviews with residents, random staff, Compliance Manager, and PREA Coordinator confirmed this practice.</p> <p>(d) The facility has two units that are capable of housing males on one and females on the other. Currently, the facility is only housing male residents due to staffing levels. Female residents are transferred to one of the agency’s other detention facilities upon intake. Agency</p>

policy requires staff of the opposite gender to announce themselves when entering the unit. Staff and residents reported only on rare occasions do staff of the opposite gender enter a unit, but they all universally announce themselves upon approaching and again when on the unit. Residents reported they can perform bodily functions privately. This includes residents who have self-contained toilets in their individual rooms. These residents utilize magnets on the window. Residents alert staff they are placing the magnet to prevent incidental viewing. The residents were clear that facility staff have strict enforcement of youth remaining in rooms while one youth uses the bathroom and showers. Staff announcing their presence was observed during the onsite portion of the audit. Residents clearly stated where staff are positioned during showers.

(e) Agency policy Y-6 prohibits facility staff from searches or physically examining a transgender or intersex youth solely for the purpose of determining genital status. This can only be determined through conversation or through a medical examination by a medical practitioner in private.

On the day of the onsite audit, there were no residents who identified as transgender or intersex to interview. Records from resident vulnerability assessments were reviewed to confirm this. Residents were also asked during interviews and no resident identified as transgender or intersex. Interviews with staff did not reveal any previous transgender youth. Staff consistently reported proper procedures for searching transgender youth.

(f) The agency utilizes training from the PREA Resource Center website titled "Guidance on Cross Gender and Transgender Pat Searches" regarding searching transgender youth. Training records were reviewed to verify staff acknowledged they had this training. Training certificates were also reviewed for this training. In addition, the agency outlines their policy during annual training. All staff were aware a transgender youth chooses the gender of the staff who will perform the search.

As noted previously, there were no residents who identified as transgender or intersex to interview. Staff consistently reported the resident was able to choose what gender staff performed searches.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, Random Staff, Resident, Specialized Staff, Interpreter Service Representatives. • Documentation: Resident Education Materials, Resident Brochures, PREA Posters <p>(a) Agency policy dictates that equal opportunity will be given to residents with disabilities that includes deaf or hard of hearing, blind or low vision, and those with intellectual, psychiatric, or speech disabilities. The policy requires the facility administrator to be notified immediately when a resident has a disability that may interfere with learning PREA related information.</p> <p>The agency contracts with separate entities for those residents with hearing or visual impairment. These services were confirmed through agency contracts and an invoice from past usage. It was noted the services are available 24 hours a day.</p> <p>Interviews with random staff confirmed staff knew these organizations existed and where the information was kept. Although the name of the agency was not well known, staff understood the procedures for obtaining services. All staff reported reading the information to the residents and asking follow-up questions to ensure understanding.</p> <p>Residents interviewed confirmed staff read over the information and asked follow-up questions to ensure understanding. No resident reported any learning disability.</p> <p>(b) The agency also contracts with an agency providing 24 hour a day interpreter services allowing all intake materials to be covered. The way to access translators is posted by the intake area. These services were verified through agency contracts, an invoice, and through staff interviews. The facility did have to obtain interpreter services for one youth during the past 12 months. Staff were all aware of the situation and how services were obtained.</p> <p>The agency does have PREA educational materials printed in both English and Spanish. These were observed in the offices. In addition, there are zero tolerance posters throughout the facility. Staff were aware of how to access services, or at least where the information was posted, for residents who are LEP.</p> <p>Staff and residents interviewed revealed staff always read information to residents to ensure understanding of these materials.</p> <p>(c) Agency policy prohibits staff from using resident interpreters, readers, or assistants unless an anticipated extended delay could affect a resident's safety. Agency policy also dictates that the Sherriff's Department will be contacted to assist in the investigation of allegations.</p> <p>Interviews with residents and staff did not reveal any information where residents were used to communicate information.</p>



115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, P-5. • Interviews: PREA Coordinator, Human Resources. • Documents: Job Application, Promotion Application, Pre-Screen Interview, Criminal Background Checks, Child Abuse Registry Checks. <p>(a) Agency policy prohibits the hiring of any employee or contractor who has engaged in sexual abuse in the community, in a confinement setting, or who has been administratively or civilly adjudicated to have engaged in such acts.</p> <p>The employment and promotion applications ask these questions. The human resources coordinator confirmed these questions are asked for new hires, promotions, and all contractors and volunteers. The human resources coordinator confirmed that all contractors and volunteers must follow the same process as staff.</p> <p>The auditor reviewed applications from all new (two during the year) hires in the last year.</p> <p>(b) The agency also considers incidents of sexual harassment on a case by case basis. There were no reports of individuals hired with prior incidents of sexual harassment.</p> <p>(c) The agency also requires employees to have a criminal background check in addition to a check from the state’s Department of Developmental Disabilities. The criminal background check is conducted on both state and federal registries. The employment application also requires prospective employees to disclose all previous institutional employers. The agency also obtains child abuse registry checks through a third-party entity. These registry checks are almost instant for the agency. All criminal and child abuse registry checks were reviewed for the new hires and 3 randomly selected employees of the 12 employees working at the facility.</p> <p>(d) The facility only contracts with one employee for services. The criminal background checks were provided during the pre-audit phase. Interviews with the human resources coordinator and PREA Coordinator confirmed this is the only contractor for the facility.</p> <p>(e) Agency policy requires all employees and contractors to have background checks updated every five years. A sample of three current employees were reviewed for this audit indicating all were up to date on their background checks.</p> <p>(f) As part of the application for new employment and the application for promotion, the agency asks questions consistent with provision (a) of this standard. These applications were reviewed for all 2 new hires during the last year.</p> <p>In addition, the agency imposes an affirmative duty to disclose any misconduct. The applications contain statements about prohibited offenses and requires applicants to acknowledge any conviction of these prohibited offenses.</p>

(g) Agency policy states that material omissions regarding such misconduct shall be grounds for termination.

(h) Agency policy also states the agency shall provide information on substantiated allegations of sexual abuse or harassment of former employees upon request from an institutional employer unless prohibited by law.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none">• Agency Policies: Y-6.• Interviews: PREA Coordinator, PREA Compliance Manager.• Documentation: Agency Board Meeting Minutes, Continuous Quality Improvement Form. <p>(a) There have been no acquisitions of new facilities or any substantial expansion to the existing facility. This was confirmed through interviews with the PREA Coordinator and Compliance Manager.</p> <p>(b) There have been no upgrades to the facility in the last several years. This was documented on the Continuous Quality Improvement form.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, Wayne County Children's Advocacy Center, Random Staff. • Documentation: MOU with Wayne County Sheriff, MOU with Wayne County Children's Advocacy Center, MOU with Wooster Community Hospital. <p>(a) Agency policy Y-6 indicates the facility is only responsible for evidence and scene preservation. The agency has entered into MOU's with all local Sherriff Departments for investigation allegations of sexual abuse. This was confirmed through the MOU with Wayne County Sheriff and in interviews with the PREA Coordinator.</p> <p>(b) This protocol is outlined in the MOU with Wayne County Sheriff, but the facility is only responsible for evidence and scene preservation.</p> <p>(c) The facility was able to enter into an MOU with Wooster Community Hospital to provide needed forensic examination.</p> <p>During interviews, staff were well informed that residents would be transported to Wooster Community Hospital. This hospital's program, The Iris Program, has specialized nurses able to perform forensic medical exams 24 hours a day. This also includes outreach and education.</p> <p>(d) The agency also entered into an MOU with the Wayne County Children's Advocacy Center, a local advocacy and rape crisis center. The auditor contacted Wayne County Children's Advocacy Center and no concerns were reported from this agency. Wayne County Children's Advocacy Center was prepared to offer advocacy services during a forensic medical exam and to provide advocacy and outside support services to residents detained at the facility. The ongoing services outlined in the original MOU were verified.</p> <p>(e) Agency policy Y-6 outlines, that a victim advocate, qualified staff member, or a qualified member from a community-based organization may accompany the resident through the forensic medical examination and investigation.</p> <p>(f) The agency entered into an MOU with the Wayne County Sheriff's office on March 29, 2017. This MOU requests the investigating agency to follow the exact requirements of this standard. This MOU outlines the evidentiary standards and each provision of this standard.</p> <p>(g) The agency utilizes the county Sheriff Department for each facility to investigate allegations of sexual abuse.</p> <p>(h) Agency policy outlines this provision noting the qualifications for a staff member or a member of a community-based organization. The interview with Wayne County Children's Advocacy Center indicated they will have a representative at all hours available.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Specialized Staff. • Documentation: MOU with Wayne County Sheriff. <p>(a) Agency policy Y-6 states the agency will ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>Interviews with the PREA Coordinator, Compliance Manager, and supervisors trained to conduct administrative investigations confirmed these individuals are aware of how to make a determination about potentially criminal behavior. All individuals reported competency in dealing with such situations.</p> <p>(b) All allegations of sexual abuse are referred to the local Sheriff Department. Allegations of sexual harassment are only referred to the Sheriff Department, if the administrative investigation determines potentially criminal behavior. This response plan is published on the agency website through policy Y-6 verified by the auditor.</p> <p>Referrals are documented through the agency’s Critical Incident Database. There were no referrals to review during the onsite audit. Interviews with staff and residents did not reveal any allegations. However, the auditor did review two referrals of child abuse that occurred outside the facility to verify documentation of referrals. Although these referrals were not criminal, the same reporting methods and documentation is utilized.</p> <p>(c) Policy Y-6, posted on the agency’s website, outlines the responsibilities of both the investigating entity and the agency in various ways throughout the policy. In particular, the agency is responsible for evidence and scene preservation. Staff were well versed in preserving evidence in a room and on the person.</p> <p>(d) No state entity is responsible for conducting investigations in the facility.</p> <p>(e) No Department of Justice entity is responsible for conducting investigations in the facility.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, P-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Specialized Staff. • Documentation: Training Records, Training Certificates, Training Curriculum. <p>(a) The agency training for employees covers the eleven points of this provision. This was verified through review of the training curriculum provided during the onsite audit phase. Interviews with staff confirmed these points are covered during training.</p> <p>(b) This training is tailored to populations that serve both male and females in the same facilities. Information is offered about differences in the populations. Some training takes place at agency headquarters where staff from various institutions can interact. Other trainings are facilitated on facility grounds by the PREA Compliance Manager.</p> <p>(c) In addition, the staff all receive refresher training halfway through the year during team meetings at the facility. This is facilitated by the Compliance Manager and was confirmed through interviews with the Compliance Manager and staff. Training records and acknowledgements were also provided during the onsite audit.</p> <p>(d) During the onsite audit, training acknowledgement from all staff was reviewed. Interviews revealed staff are well informed of agency PREA policy and procedures.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, P-44. • Interviews: PREA Coordinator, PREA Compliance Manager. • Documentation: Training Records, Training Certificates, Training Curriculum. <p>(a) The agency PREA training for contractors and volunteers focuses on background, prevention, interaction, and reporting incidents. The training curriculum was reviewed during the pre-onsite audit phase. The review indicates it is consistent with this provision.</p> <p>(b) Training for contractors and volunteers is the same curriculum. The agency utilizes a more thorough training and education for volunteers than necessary. The training for the volunteers is facilitated by each facility administrator.</p> <p>(c) During the onsite audit, documentation was reviewed showing volunteers and contractors received and understood the training.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333 Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: Random Staff, Resident. • Documentation: Resident Education Materials, Resident Brochures, PREA Posters, Resident Acknowledgment Form. <p>(a) The facility accepts intakes at any hour of the day and all staff are responsible for resident education. During the intake process, residents are brought into the control area and given the initial screening for abusiveness and victimization. The staff also covers the PREA brochures to make sure residents understand their rights, how to stay safe, and how to make a report. The brochure was reviewed and provides the basic knowledge in easy to understand format. This entire process happens before residents are admitted into the general living environment.</p> <p>(b) Residents are provided education immediately upon intake before entering the resident population. This was verified through interviews with staff and residents. This is done through brochures along with a resident acknowledgment. The brochure covers definitions, reporting, prevention, and how to access services outside of the institution. The acknowledgment forms were reviewed for all current residents and 25 randomly selected residents during the last 12 months. All were educated the day of intake.</p> <p>(c) All residents of the facility have been educated. This was verified through resident acknowledgement forms and interviews with residents.</p> <p>(d) Agency policy Y-6 outlines how staff can access interpreters for residents who are LEP. The policy also outlines the contact information for organizations to provide services to those residents who are deaf or visually impaired. These services and contact numbers were confirmed during the onsite audit. The facility had one resident for whom these services were provided during the last 12 months.</p> <p>Residents confirmed during interviews that staff read the information to the residents and ask to follow up questions to ensure understanding. No residents identified as LEP or as having any disability. A review of the vulnerability assessments did not reveal any residents with any disabilities. During interviews, all residents and staff were asked about the intake process due to the amount of staff responsible for resident education. In all, consistent responses were given about how residents are read the information and how staff make sure residents understand.</p> <p>(e) The agency utilizes a resident acknowledgment letter to show the resident understands the information. These acknowledgement letters were reviewed for all current and the 25 former randomly selected residents.</p> <p>(f) As part of regular programming during “skills sessions”, residents are updated regularly on</p>

reporting and safety. In addition, the PREA brochures, posters, and ways to access support were posted in common areas and in the living units. This was observed on the onsite audit.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, P-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Specialized Staff. • Documentation: Investigation Protocol, Training Records, Training Certificates. <p>(a) Two supervisors, the facility PREA Compliance Manager, and the agency PREA Coordinator completed the National Institute of Corrections training titled “Investigating Sexual Abuse in a Confinement Setting” that covers techniques, Miranda and Garrity warnings, evidence collection, and substantiation. In addition, training records for general training were reviewed which shows these staff have all received this general training.</p> <p>(b) As noted previously, investigators completed the National Institute of Corrections training titled “Investigating Sexual Abuse in a Confinement Setting” that covers techniques, Miranda and Garrity warnings, evidence collection, and substantiation.</p> <p>(c) The certificates for the specialized training were reviewed during the onsite audit. The staff listed above are the only facility staff permitted to conduct such investigations. Interviews with the PREA Coordinator, Compliance Manager, and two supervisors indicated the staff had the training and understood the specialized education they received. Most noted an investigation protocol that is used to conduct such investigations. This protocol was reviewed during the pre-audit phase.</p> <p>(d) No state or Department of Justice component investigates sexual abuse in this facility.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, Specialized Staff. • Documentation: Training Records, Training Certificates, Training Acknowledgements. <p>(a) The facility employs one part time nurse and utilizes the agency’s suicide prevention specialist on an as needed basis. Both employees have received the specialized training through the PREA Resource Center entitled “Medical Health Care for Sexual Assault Victims in Confinement Settings.” The medical director is also a contracted employee that has received this training.</p> <p>(b) Per agency policy Y-6, the agency does not conduct forensic medical examinations of any kind.</p> <p>(c) The training certificates for the course noted above were reviewed for all the facility’s medical and mental health staff.</p> <p>(d) All the employees listed above have received the standard PREA training that includes mandatory reporting laws. These employees have all acknowledged they understand the training and have signed off on the agency’s PREA policies. These acknowledgements were reviewed. Interviews with the facility nurse and suicide prevention specialist confirmed they received and understood this training.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, A-27. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident. • Documentation: Resident Vulnerability Assessments. <p>(a) During the intake process, and prior to being placed on a unit, each individual resident is screened for risk of abusiveness and victimization using a comprehensive screening instrument. At times, this is the only information staff have to complete the assessment as residents are often brought to the facility by law enforcement due to commission of a crime. This screening happens immediately upon the resident arriving at the facility.</p> <p>Agency policy Y-6 requires residents to be periodically screened when a situation or incident occurs to determine if additional risk factors exist.</p> <p>(b) The agency utilizes the Risk of Victimization and/or Sexually Aggressive Behavior screening instrument that covers all factors listed in this provision. This instrument contains an objective standardized scoring method to provide information about risk.</p> <p>(c) The agency PREA form 03 covers the 11 subsections of this provision using an objective scoring method. A review of current residents and 25 former randomly selected residents indicate that these screening instruments are completed thoroughly attempting to identify all information in the assessment. Despite all staff completing these forms, they are done with great consistency.</p> <p>Interviews with residents and staff indicated that staff are asking all the information contained in the assessment.</p> <p>(d) Agency policy dictates information is to be obtained from conversations, screenings, and by reviewing other records. Residents confirmed staff are asking all the questions. Most information is obtained through residents since residents are often brought by law enforcement which have limited information. All staff are responsible for this screening instrument and were asked about the process and content. Staff provided consistent answers about the process and how the information was utilized.</p> <p>No intakes arrived during the onsite audit. Therefore, this could not be observed.</p> <p>(e) Agency policy dictates these screenings are to be placed in youth files and are subject to agency confidentiality policy. These assessments are subject to agency policy A-27 and are only accessed by staff for housing and bed assignments.</p>

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, Y-1. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident. • Documentation: Vulnerability Assessments. <p>(a) Information gathered from intake screenings can be used to place residents into certain rooms. Until August 2019, the facility housed some female residents. Now the two units are both for males. There are self-contained observation rooms outside of the main entrance to each unit. Staff performing intake assessments can place a resident in an observation room at the entrance of the unit until it can be assessed further by supervisors and medical / mental health staff.</p> <p>(b) Facility staff may use “safety segregation” as defined in agency policy. This can only be ordered by the administrator or designee. Per agency policy, residents cannot be denied large muscle activity, must have daily visits from medical staff, and will have access to programs to the extent possible. There were no reported incidents of “safety segregation” during the review period. However, agency policy stipulates this to be reviewed every thirty days. The agency also requires staff to perform an isolation daily rights checklist to ensure residents are afforded activity and programming to the extent possible. The forms for monitoring safety segregation were reviewed.</p> <p>(c) Agency policy also dictates that LGBTI residents cannot be placed solely on identification or status. Staff, with great consistency, noted the resident’s preference would be used in the decision made by the management team. Interviews with staff, Compliance Manager, and PREA Coordinator did not reveal any intakes of transgender or intersex residents. No residents were identified on the vulnerability assessments reviewed.</p> <p>(d) Such decisions are done on a case by case basis, considering the views of the resident, and health and safety concerns. This was confirmed during interviews with staff and the PREA Coordinator.</p> <p>(e) This is reassessed at least twice each year per policy although unlikely a resident would ever remain in the facility that duration of time in this facility.</p> <p>(f) Policy also dictates a resident’s views are given serious consideration.</p> <p>(g) Facility policy and procedure already dictates all residents shower separate from one another. This was verified with great consistency in staff and resident interviews.</p> <p>(h) No residents were isolated in the last year. This was confirmed through interviews.</p> <p>(i) Policy requires the review every 30 days.</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident. • Documentation: Resident Education Materials, Resident Brochures, PREA Posters, Grievances, Youth Incident Reports, MOU with Wayne County Children’s Advocacy Center. <p>(a) Residents of the facility are provided multiple methods to report abuse that includes grievances and access to outside agencies in addition to informing staff. The ways to report are posted by the facility phone as well as posted throughout the facility. There are grievance boxes in multiple locations. The grievance form alerts both staff and residents that allegations of sexual abuse will activate the facility’s sexual abuse response plan. The grievance also allows the residents to check a box for “I just need help.” Residents were well informed of ways to report during interviews.</p> <p>(b) The agency has an MOU with Wayne County Children’s Advocacy Center who serves as the outside agency to immediately refer allegations of sexual abuse. The interview with a representative from Wayne County Children’s Advocacy Center verified the entity’s ability to handle referrals. The residents utilize the same phone for personal calls to contact this entity. This is not direct dial. Residents indicated they have sufficient privacy to speak when on the phone noting staff are not listening. This number is posted by the phone and other areas around the facility.</p> <p>(c) The agency requires staff to accept reports made in all forms and reports from third parties. This method is posted on the agency’s website. Staff are required to immediately document verbal reports in the Youth Incident Report per Y-6.</p> <p>(d) During the onsite audit, necessary materials were available in the common areas and in the living units for residents to make a written report. Interviews with residents confirmed these materials are always present .</p> <p>(e) Agency policy Y-6 allows staff to report privately to supervisors, administrators, or through the Youth Incident Report.</p>

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident, Specialized Staff. • Documentation: Grievances, Third Party Reporting Form. <p>(a) The facility has administrative procedures for handling grievances. No residents reported ever filing a grievance or feeling it necessary to report a grievance. The agency has appropriate forms for processing grievances with residents that allows for notification to residents and subsequent documentation.</p> <p>The facility PREA Compliance Manager maintains a grievance log. The grievances filed since January 2019 were reviewed. These only pertained to the behavior management system and were unrelated to abuse or harassment.</p> <p>(b) The agency does not impose time limits on allegations of sexual abuse and does not require residents to use informal grievance processes.</p> <p>(c) Agency policy outlines residents are able to submit grievances without the staff who is the subject and that the grievances are not referred to the staff who is the subject.</p> <p>(d) Agency policy follows the timelines of this provision and policy indicates that when a resident that does not receive an answer in the allotted time, the response is a denial.</p> <p>(e) Third parties are permitted to file grievances on behalf of residents. If this party is someone other than a parent or legal guardian, the facility requires the alleged victim to agree to have the request filed which is documented. The agency has also developed forms for documenting third party requests for administrative remedy that asks about the relationship and if the youth agrees with the request. Both the third party and the resident sign the form.</p> <p>(f) The agency outlines in Y-6 the handling of emergency grievances which mirrors this provision. The agency also has procedures in place for handling grievances alleging a resident is at substantial risk of imminent sexual abuse that fall within the timelines of this standard. The agency has not received any grievances of this nature. This was verified in interviews with staff, residents, PREA Coordinator, and Compliance Manager.</p> <p>(g) The agency reserves the ability to discipline residents only for those grievances in bad faith.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident. • Documentation: Resident Education Materials, Resident Brochures, PREA Posters, Hotline Access Instruction Sheet, MOU with Wayne County Children's Advocacy Center, MOU with OneEighty. <p>(a) The resident education brochure provides hotline numbers and addresses to victim support services. This information is also posted by the phone and available on the walls around the facility. The facility does have a hotline posted specific to Wayne County. In addition, the facility has local, state, and national numbers posted for residents. This is important since residents at the facility may be from one of 5 counties or be held through another contracted county. This provides residents with information from their respective communities. Furthermore, the facility has a second MOU with OneEighty which is an agency that is able to receive and forward referrals in addition to providing access to emotional support services and advocacy for victims of sexual abuse. The phone utilized is the same as the residents use for personal calls. No residents reported problems using the other phone to dial out of the facility. The residents all stated they have privacy on their calls.</p> <p>(b) The confidentiality statement is listed under the hotline numbers and is also discussed in the PREA brochures.</p> <p>(c) The MOU with Wayne County Children's Advocacy Center provides confidential emotional support services. The interview with a representative from Wayne County Children's Advocacy Center verified the entity is able to provide these services.</p> <p>(d) All residents were asked about using the phone to contact these organizations, their attorneys, or speak with their parents. All residents stated the phone was private enough to discuss anything. No resident reported having insufficient access to parents or attorneys. Residents believe they are able to speak freely on the phone.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator. • Documentation: Third Party Reporting Form, Agency Website. <p>The agency has an established policy for taking third party reports of sexual abuse and sexual harassment. Third party reporting forms are posted in the main entrance where parents and visitors can access without asking employees. In addition, this information is posted on the agency's website.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident, Specialized Staff. • Documentation: Youth Incident Report Form, Coordinated Response Plan. <p>(a) Agency policy requires facility staff to immediately report allegations of sexual abuse, harassment, retaliation and staff neglect.</p> <p>(b) This policy also requires staff to follow mandatory reporting laws of the state, to report immediately to the designated supervisor and to the legal guardians and other stakeholders associated with the resident.</p> <p>(c) The policy also limits who can receive information about an allegation.</p> <p>(d) The medical and mental health practitioners interviewed acknowledged their requirement to report to their supervisors. In addition, both noted they regularly inform residents of confidentiality. This was also verified with the outside counseling agency that provides services at the facility. Each individual has a common practice. The outside counseling agency and the agency's suicide prevention specialist both have standardized practices about their roles, confidentiality and what is and is not reported.</p> <p>(e) Facility administrators are required to report all allegations regardless of merit. During the audit, one incident report was reviewed noting allegations that occurred outside of the facility. This included acknowledgment of the report from the investigating agency. The auditor requested this report to show allegations are referred to the appropriate investigating bodies. Staff interviewed were well aware of the appropriate investigating bodies, the required documentation and what documents are then received to acknowledge receipt of the reports.</p> <p>(f) Staff interviews confirmed staff are aware of how to handle these situations and who to report the allegations to. Some staff referenced the coordinated response guide as a way to ensure all necessary contacts take place. The staff often noted the checklist as a way to ensure all responsibilities are followed. Residents confirmed they were aware staff report all allegations.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, Y-1. • Interviews: PREA Coordinator, Random Staff. <p>Agency policy outlines staff must take immediate action, to include whatever arrangements are necessary, when they become aware a resident is at a substantial risk of imminent sexual abuse. The agency policy on behavior management outlines the process for “safety segregation.” The agency is also able to move residents between facilities within the agency detention system. Staff interviewed were aware of how to make appropriate housing and bed assignments and how to alert facility management when this occurs. The PREA Coordinator discussed how residents are moved if this becomes necessary.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident. • Documentation: Youth Incident Report. <p>(a) Agency policy dictates the facility administrator will notify the administrator of another facility, appropriate office and investigating agency upon learning of an allegation at another facility. This policy also requires the facility administrator to contact the appropriate county Department of Job and Family services.</p> <p>(b) Agency policy also requires this happens as soon as possible and no later than 72 hours.</p> <p>(c) Agency policy Y-6 requires this to be documented on the Youth Incident Report form. One Youth Incident Form was reviewed. This did not pertain to abuse in another confinement facility. However, it was reviewed to note how the agency is documenting information. In addition, interviews with the PREA Coordinator and Compliance Manager confirmed the same reporting and documentation methods are utilized.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident, Specialized Staff. • Documentation: Training Records. <p>Agency policy requires facility staff to separate the victim from the perpetrator, to take necessary steps to preserve physical evidence and to seek outside medical examinations for both the victim and perpetrator for abuse occurring within the last 96 hours. Staff were aware to encourage the victim and perpetrator to not shower or perform other bodily functions. Staff were also well informed to seek medical examinations at Wooster Community Hospital. Staff did not note the “150%” rule in policy in reference to securing the scene. The agency has developed guides for staff to utilize during initial contact for incidents occurring within the last 96 hours. These are kept in the control room. Almost every staff referenced the materials and would use them as a guide.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Specialized Staff. • Documentation: Training Records, PREA Form 01. <p>The agency has outlined a coordinated response plan that includes the responsibilities of the first responders, medical and mental health staff, investigators and facility administration. This is outlined on a flow chart in addition to a checklist containing the required steps for facility staff and supervisors during the incident. These forms were located in the control room of the facility. Staff were aware of the location and their first priorities. All staff were well informed of who held investigative responsibilities and where to obtain appropriate medical care for residents.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, Specialized Staff. • Documentation: Union Contract Addendum. <p>The agency entered into an addendum with the collective bargaining organization specifically outlining this standard. The agency removes alleged abusers from contact with the resident until a determination is made on the investigation. The PREA Coordinator discussed the agency's willingness and ability to suspend staff and maintain no contact during an investigation. This was also discussed with the agency director. The addendum is still active since the collective bargaining agreement is still active.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Random Staff, Resident, Specialized Staff. • Documentation: MOU with Wayne County Children’s Advocacy Center. <p>(a) Agency policy Y-6 outlines the agency’s efforts to protect against retaliation. The PREA Coordinators and PREA Compliance Manager’s are responsible for monitoring retaliation.</p> <p>(b) The agency’s protection of a resident includes removing staff, moving victims or abusers to another facility and offering outside emotional support services to the victim. Emotional support services are offered through the MOU with Wayne County Children’s Advocacy Center.</p> <p>(c) The agency has developed a checklist that includes conducting a status check of the resident, reviewing behavior, reviewing room assignments and program changes, reviewing staff performance evaluations and reviewing any staff reassignments. The facility PREA Compliance Manager is responsible for monitoring for retaliation for at least 90 days following a report of sexual abuse or assault. There were no records to review as there has not been an allegation under sexual abuse or sexual harassment. One file was reviewed where the facility investigated resident boundaries prior to the period under review. This was confirmed in interviews with staff, supervisors, facility administrator and PREA Coordinator. The residents also did not note any allegations.</p> <p>(d) The review noted above is also to occur every 30 days following a report which includes a status check of the resident.</p> <p>(e) Policy Y-6 outlines protections for other individuals cooperating with an investigation.</p> <p>(f) Policy Y-6 also notes the agency’s obligation to monitor shall terminate if the report is unfounded.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, Y-1. • Interviews: PREA Coordinator, PREA Compliance Manager, Agency Director, Random Staff, Resident, Specialized Staff. <p>Agency policy Y-1 dictates residents that are segregated due to allegations of sexual abuse fall under the agency’s behavior management policy. This policy outlines “safety segregation” which is consistent with standard 115.342. The facility has not had to initiate this policy. This was confirmed in interviews with staff, supervisors, facility administrator and PREA Coordinator.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, PREA Compliance Manager, Specialized Staff. • Documentation: MOU with Wayne County Sheriff, Training Records, Training Certificates. <p>(a) The agency refers all allegations of sexual abuse, sexual assault, and sexual harassment to the county sheriff's department for investigation. The MOU between the agency and sheriff's department outlines all sections of these standards and requires the sheriff's department to follow a uniform evidence protocol, to utilize investigators with specialized training, to gather all evidence, to continue the investigation even if the source recants the allegation, to assess the credibility of all witnesses, to perform compelled interviews after consulting with prosecutors and to not require the victim to submit to a polygraph. This MOU was put in place prior to the facility's first PREA audit.</p> <p>Policy Y-6 outlines the same standards for agency investigations when allegations are not criminal. This also includes third party and anonymous reports.</p> <p>(b) Agency investigators include the PREA Coordinator, Compliance Manager, and two supervisors. These staff members have completed the National Institute of Corrections' training entitled Investigating Sexual Assault in Confinement Settings. The training certificates were reviewed. These staff members were able to discuss various details of the training during interviews. The last allegation, which pertained to boundaries and not harassment or sexual abuse, was reviewed. The last allegation of sexual abuse or sexual harassment occurred in 2011 at this facility.</p> <p>(c) Agency policy requires investigators to gather and preserve direct and circumstantial evidence. This provision is outlined in the MOU with Wayne County Sheriff's Department. The PREA Compliance Manager was able to show how evidence is maintained. The last investigative file, which pertained to boundaries, contained statements and video showing the incident.</p> <p>(d) Policy Y-6 states the agency shall not terminate an investigation when the source recants an allegation. This provision is outlined in the MOU with Wayne County Sheriff's Department.</p> <p>(e) This provision is outlined in the MOU with Wayne County Sheriff's Department.</p> <p>(f) This provision is outlined in the MOU with Wayne County Sheriff's Department and in agency policy Y-6 for administrative investigations.</p> <p>(g) The agency also outlines procedures for administrative investigations that include a determination if staff actions or failing to act contributed, to retain all reports consistent with this standard and to continue an investigation even after a departure of the alleged abuser or victim. As previously mentioned, designated personnel have taken the NIC training on</p>

investigation allegations. The agency utilizes an administrative investigation template that requires investigators to assess variables that led to the incident, determine if other incidents need reported, assess the reporting procedures that were used and to educate the resident again on the grievance procedure, reporting methods, and about retaliation.

(h) This provision is outlined in the MOU with Wayne County Sherriff's Department.

(i) Agency policy Y-6 requires allegations of conduct that are possibly criminal to be referred to law enforcement. One interview with a supervisor discussed some possible allegations of conduct.

(j) Agency policy Y-6 mirrors this provision. The last incident was from 2011. Those records were provided to the auditor. An interview with the PREA Coordinator noted ten-year retention guidelines placed on the agency by other licensing bodies. Records are kept at the facility for two years then turned over to the human resources office for the remaining ten-year period. This was also discussed with the human resources coordinator.

(k) Policy Y-6 states the departure of an abuser or victim will not terminate an investigation.

(l) No state or Department of Justice entity conducts investigations at the facility.

(m) Interviews with the PREA Coordinator and Compliance Manager confirmed the facility would be completely cooperative and make every attempt to remain informed on an investigation being conducted by the County Sheriff's Department. This is also outlined in policy Y-6.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator. <p>Agency policy outlines this standard and requires administrative investigations to utilize a "preponderance of the evidence" to make a determination. This is the standard utilized by the agency for investigations and employee disciplinary hearings.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator. • Documentation: Youth Notification Form. <p>(a) Agency policy Y-6 dictates the resident is to be notified of the outcome of an investigation within 90 days. This is done with the “Youth Notification Form.” This form contains notification of the result of the investigation. The last incident, which occurred prior to the period under review, contained a notification form to the resident.</p> <p>(b) Agency policy requires the facility to request an outcome from the investigating agency within 90 days of the allegations. This notification is maintained in the facility PREA file for all investigations and the “Youth Notification Form” is provided to the resident.</p> <p>(c) This notification outlines the agency that completed the investigation, the outcome of the investigation, and comments. The results include notification of the employment of the staff, the outcome of a child abuse report and the status of criminal prosecution. These results are relevant to allegations against a staff member or another resident in the program.</p> <p>(d) The agency utilizes the same procedures for abuse perpetrated by another resident.</p> <p>(e) The Youth Notification Form requires a signature from the resident and facility administrator.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, P-27 • Interviews: PREA Coordinator. • Documentation: MCJAS Discipline Grid. <p>(a) Agency policy is consistent with this standard requiring staff engaging in sexual abuse to be terminated. The MCJAS discipline grid outlines disciplinary actions consistent with this standard through policy P-27.</p> <p>(b) Agency policy dictates staff who have engaged in sexual abuse shall be terminated.</p> <p>(c) Also, cases of sexual harassment are considered based on the circumstances, staff history and other sanctions.</p> <p>(d) Agency policy also requires all allegations to be reported unless it is “clearly not criminal.” Policy also dictates this is referred to relevant licensing bodies.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator. <p>(a) Agency policy requires allegations against contractors or volunteers to be reported to law enforcement and licensing bodies unless “clearly not criminal”.</p> <p>(b) The agency policy states “the presumptive action will be termination of the contract and/or volunteer status” for all violations of sexual abuse and sexual harassment. There have been no reported concerns during interviews with the PREA Coordinator and the human resources coordinator.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator. • Documentation: Isolation Checklist <p>(a) Agency policy Y-6 dictates disciplinary sanctions are imposed after an administrative or criminal finding.</p> <p>(b) The sanctions take into consideration the circumstances, resident’s history, and resident’s abilities. The facility also is prohibited from denying the resident large muscle activity and all other facility programming to the extent possible. Policy requires the facility supervisor to complete the disciplinary sanctions for residents form to document a summary of the incident, contributing factors, if it was viewed on camera, sufficient staffing and a summary of the sanctions. This is then reviewed by the facility administrator (PREA Compliance Manager) and part of the sexual abuse incident review. The last incident, occurring prior to the period under review, did not allege abuse or harassment. However, the facility’s decision making and process was reviewed.</p> <p>(c) Policy requires administrators to consider the impact of mental disabilities or mental illness.</p> <p>(d) The facility is limited in programming due to being short term detention. However, the facility works closely with courts to recommend needed interventions. This was discussed with the PREA Coordinator.</p> <p>(e) The agency also disciplines residents for sexual contact with staff when the staff did not consent.</p> <p>(f) Policy also states that reports made in good faith do not constitute false reporting.</p> <p>(g) The agency prohibits all sexual activity between residents and disciplines residents accordingly. The agency does not view sexual activity between residents as abuse if it is not coerced.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6, D-2, M-21. • Interviews: PREA Coordinator, Specialized Staff, Random Staff, Residents. • Documentation: Vulnerability Assessments, Nursing Notes. <p>(a) Agency policy is consistent with this standard. Each resident is offered follow up as part of the agency's initial screening for abuse or victimization. It is documented on each form if follow up is offered and if the resident accepts or declines. Each resident is then referred to the facility nurse who then coordinates with the agency suicide intervention specialist and outside counseling agency. This process was verified in interviews and is also documented on nursing and clinical notes.</p> <p>(b) Agency policy is consistent with this standard. Each resident is offered follow up as part of the agency's initial screening for abuse or victimization. It is documented on each form if follow up is offered and if the resident accepts or declines. Each resident is then referred to the facility nurse who coordinates with the agency suicide intervention specialist and outside counseling agency. This process was verified in interviews and is also documented on nursing and clinical notes. Regardless of prior abuse or victimization, each resident is afforded an opportunity for follow up with a mental health practitioner.</p> <p>(c) Information obtained through the vulnerability assessment impacts housing assignments and informs staff of security risk. These assessments are maintained in the resident's files. Interviews with staff confirmed the use of these assessments and how information is restricted from others.</p> <p>(d) Policy requires medical and mental health staff to obtain consent from residents before reporting unless the resident is under 18 years of age. This was confirmed in interviews with medical and mental health staff. The facility nurse, outside counseling agency, and agency suicide prevention specialist have standardized processes for communicating and documenting the limits of confidentiality.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, Specialized Staff, Random Staff. • Documentation: MOU with Wooster Community Hospital, MOU with Wayne County Children’s Advocacy Center, Staff Training Curriculum, PREA Incident Checklist, Response Flow Chart, and PREA Supervisor Checklist. <p>(a) The agency has an MOU with Wayne County Children’s Advocacy Center for advocacy services during forensic medical exams. This was verified through a phone conversation with WCCAC. The MOU with Wooster Community Hospital verifies that this hospital is prepared to have a SAFE/SANE onsite to perform the necessary examinations through the Iris Program.</p> <p>(b) Agency policy outlines this provision. During interviews, staff were informed of what hospital would provide these services. The facility has a process for immediate notification to medical and mental health practitioners. Given the facility’s location, it is likely these services would be provided at the local hospital.</p> <p>(c) Agency policy also dictates that residents will be provided information and treatment for emergency contraception and STI’s all without financial cost. The agency utilizes a contracted physician who has obtained all necessary training. This contractor confirmed that all services are consistent with community level care. The facility nurse also communicates and provides these services to female residents.</p> <p>(d) Policy outlines all services are provided to the victim without cost regardless of cooperation.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, Compliance Manager, Specialized Staff. <p>(a) The facility offers ongoing medical care through the agency’s medical director and onsite nursing staff. Ongoing mental health care is provided by the agency’s Suicide Prevention Specialist. Due to short duration of placement, recommendations are often made to the courts for follow up care.</p> <p>(b) The medical director and Suicide Prevention Specialist are agency wide and offer continued services to residents even if they transfer to another agency facility. Interviews with the PREA Coordinator noted that treatment needs are relayed to the courts. The facility nursing staff reported being in constant communication with the contracted physician.</p> <p>(c) The residents acknowledged appropriate mental health and medical treatment. No residents reported any concerns with medical or mental health care.</p> <p>(d) Agency policy dictates that victims are offered unimpeded access to pregnancy tests. Although this has not needed to occur, it was verified in interviews that care is consistent with community level. The facility nurse also provides this service.</p> <p>(e) Agency policy dictates that victims are offered unimpeded access to pregnancy related services. This is relayed to the residents by the facility nurse.</p> <p>(f) The agency also offers testing and treatment for STI’s.</p> <p>(g) All treatment is provided without cost. The PREA Coordinator confirmed the county pays for the medical care not covered by insurance.</p> <p>(h) Agency policy also dictates residents are provided a mental health evaluation within 60 days of learning of such abuse. Interviews with the Compliance Manager and PREA Coordinator indicated the facility is ready and able to facilitate these services if the need arises.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator, Compliance Manager, Specialized Staff. • Documentation: PREA Form 003. <p>(a) Agency policy establishes the Sexual Abuse Incident Review team to convene at the conclusion of every sexual abuse investigation unless the allegation is unfounded. As stated previously, there was only one incident to review. It did not allege abuse or harassment. However, the facility followed the protocol due to boundary issues. The review was held within 30 days. The facility showed sound judgment in the final outcome of the investigation.</p> <p>(b) The policy also outlines this review to occur within 30 days of the conclusion of the investigation in addition to the duties of the review team. The agency developed a checklist for the review team to properly document all requirements of the review. This was reviewed in the investigation noted above.</p> <p>(c) The team includes the PREA Coordinator, PREA Compliance Manager, facility supervisors, facility nursing staff, medical director, and the suicide intervention specialist. Interviews with the PREA Coordinator and PREA Compliance Manager revealed the facility is well aware of who shall participate and what their roles are in the incident review. The review that occurred indicated this process is followed.</p> <p>(d) Agency policy outlines the subsections of this provision and is outlined on PREA Form 003. This form requires an affirmative statement regarding the subsections of this provision. These were noted on the form during the incident review.</p> <p>(e) Policy dictates the agency implement recommendations made by the review team. The facility has implemented changes made during their lone review. This was verified in interviews.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator. • Documentation: Agency Website, Aggregate Data, Incident Data. <p>(a) Per agency policy, uniform data is collected for every allegation of sexual abuse at all facilities using the Survey of Sexual Violence from the Department of Justice. The last request was in 2014. However, the agency maintains the data annually.</p> <p>(b) This data is also stored in the agency’s database and is aggregated annually.</p> <p>(c) The data is consistent with the Survey of Sexual Violence.</p> <p>(d) The ongoing data collection was reviewed during the pre-onsite audit and onsite audit phase. The agency’s policy and data collection covers all of the elements of this standard.</p> <p>(e) The agency does not contract with any private entity for confinement.</p> <p>(f) This data is provided to the Department of Justice upon request. The last request occurred for 2014. This information is posted on the agency’s website. The PREA Coordinator denied any issues collecting this data. The agency collects this data for other licensing issues as well.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Interviews, Documentation:</p> <ul style="list-style-type: none"> • Agency Policies: Y-6. • Interviews: PREA Coordinator. • Documentation: Agency Website, Aggregate Data, Incident Data. <p>(a) Per agency policy, all data is reviewed and compared with previous years to form an annual report of ongoing corrective action and progress toward preventing sexual abuse.</p> <p>(b) The last allegation occurred in 2011 so the comparison between years is minimal. This allegation was about sexual harassment and was quickly investigated by facility supervisors.</p> <p>(c) The agency’s annual report is posted on the agency’s website for review after approved by the agency head.</p> <p>(d) Agency policy requires aggregated sexual abuse data to be retained for at least ten years. After redacted, this information is available to the public via the agency’s website. The agency publishes an annual report for each facility. The agency operates five facilities and is often able to utilize different facilities to separate residents and prevent any safety concerns. The data collected is often limited due to the safe practices at the facility.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policies: Y-6. Interviews: PREA Coordinator. Other Evidence: Agency Website, Aggregate Data, Incident Data</p> <p>(a) Agency policy requires aggregated sexual abuse data to be retained for at least ten years.</p> <p>(b) The data from all facilities under the agency's control is located on the agency website. This was verified by the auditor.</p> <p>(c) After redacted, this information is available to the public via the agency’s website. The agency publishes an annual report for each facility.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This is the agency's second audit cycle and second of six facilities during the first year of the audit cycle.</p> <p>The agency has provided all requested information from the auditor.</p> <p>The auditor was provided all documentation for the period from October 2018 to October 2019.</p> <p>During the onsite audit, the auditor was able to see all areas of the facility, including those areas where residents are not permitted.</p> <p>The auditor recorded information used to verify compliance and is able to retrieve all the information from the facility upon request. This was discussed with the PREA Coordinator and Superintendent.</p> <p>In addition, interviews were conducted in a room where staff could observe but could not hear any conversation. Residents stated they were notified of the upcoming audit several times.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The auditor certifies that no conflict exists between the agency and the auditor. This is the auditor's second audit cycle with the agency.</p> <p>(b) Agency wide policies comply with the PREA standards.</p> <p>(f) The agency is on its second cycle of audits. The agency has posted all audits on its website.</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

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

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

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

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	yes

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

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

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

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

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

115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

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

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

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

115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

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

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.388 (a) Data review for corrective action		
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.388 (b) Data review for corrective action		
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c) Data review for corrective action		
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d) Data review for corrective action		
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a) Data storage, publication, and destruction		
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes