

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report August 6, 2019

Auditor Information

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Company Name: Correctional Management and Communications Group	
Mailing Address: P. O. Box 370003	City, State, Zip: Decatur, GA 30037
Telephone: 678-895-2829	Date of Facility Visit: June 24, 2019

Agency Information

Name of Agency Multi-County Juvenile Attention System	Governing Authority or Parent Agency <i>(If Applicable)</i> Multi-County Juvenile Attention System Board of Trustees
Physical Address: 815 Faircrest Street, SW, Bldg. 1	City, State, Zip: Canton, OH 44706
Mailing Address: Same as Above	City, State, Zip:
Telephone: 330-484-6471	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No American Correctional Association
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal

Agency mission: To provide innovative and quality services to the unruly, delinquent, dependent, neglected and abused children referred by Juvenile and Family Court Judges so they can return to their homes and families to earn, live and serve successfully in their communities.

Agency Website with PREA Information: www.mcjas.org

Agency Chief Executive Officer

Name: David C. Riker	Title: Superintendent
Email: dcriker@mcjas.org	Telephone: 330-484-6471, ext. 2817

Agency-Wide PREA Coordinator

Name: James McKenzie

Title: Chief Operations Officer

Email: JCMckenzie@mcjas.org

Telephone: 330-484-6471, ext. 2835

PREA Coordinator Reports to:
David Riker, Superintendent

Number of Compliance Managers who report to the PREA
Coordinator: 6

Facility Information

Name of Facility: Community Corrections Facility

Physical Address: 815 Faircrest SW, Canton, OH 44706

Mailing Address (if different than above):

Telephone Number: 330-484-6471

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Detention

Correction

Intake

Other

Facility Mission: To provide innovative and quality services to the unruly, delinquent, dependent, neglected and abused children referred by Juvenile and Family Court Judges so they can return to their homes and families to earn, live and serve successfully in their communities.

Facility Website with PREA Information:

www.mcjas.org

Is this facility accredited by any other organization? Yes No

American Correctional Association

Facility Administrator

Name: Bryan Hughes

Title: Administrator

Email: bwhughes@mcjas.org

Telephone: 330-484-6471, ext. 2847

Facility PREA Compliance Manager

Name: Pamela Byrd

Title: ACA Coordinator

Email:

Telephone: 330-484-6471, ext. 2842

Facility Health Service Administrator

Name: Dr. Donna Backus

Title: Medical Doctor

Email: doctordona@yahoo.com

Telephone: 330-685-1625

Facility Characteristics

Designated Facility Capacity: 16	Current Population of Facility: 9
Number of residents admitted to facility during the past 12 months	37
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	37
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	37
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	14-18
Average length of stay or time under supervision:	7.2 Months
Facility Security Level:	Maximum
Resident Custody Levels:	Felony
Number of staff currently employed by the facility who may have contact with residents:	23
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1

Physical Plant

Number of Buildings: 1	Number of Single Cell Housing Units: 2
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The cameras are monitored from the control center which is located among the two living units. Cameras are strategically placed inside and on the outside of the facility. Video footage can be retained for approximately three months. A hand-held video camera is also available for staff use.

Medical

Type of Medical Facility:	Onsite Medical Clinic
Forensic sexual assault medical exams are conducted at:	Mercy Medical Center

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	22
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3

Audit Findings

Audit Narrative

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

The Community Corrections Facility is located in Canton, Ohio. The juvenile facility is funded by the Ohio Department of Youth Services (ODYS) as an alternative program and is in lieu of commitment to ODYS. The onsite audit phase of the Prison Rape Elimination Act (PREA) audit was conducted on June 26, 2019 by Shirley Turner, certified U. S. Department of Justice PREA Auditor, assisted by Flora Boyd who is also a certified PREA Auditor.

The Community Corrections Facility is a part of the Multi-County Juvenile Attention System (MCJAS) with the oversight of a Joint Board of Commissioners and Board of Trustees. The facility is accredited by the American Correctional Association (ACA) and has been awarded three consecutive 100% audits in a row spanning over nine years. The designed facility capacity is 24 and only male juvenile offenders between the ages of 14 and 18 are housed. Sixteen residents were in the facility on the day of the audit.

The facility's initial PREA audit was completed with a written report dated June 14, 2016. The current audit was attained and assigned to the Auditors by Correctional Management and Communications Group, LLC (CMCG) located in Minneola, Florida. There are no known existing conflicts of interest regarding the performance of this audit and there were no barriers in completing any phase of the audit.

Pre-Onsite Audit Phase Key Processes and Methodology

The ODYS PREA Administrator provided general information and the announcement notice to the facility to post regarding the PREA audit. A follow-up phone call was initiated by the Auditor with the PREA Compliance Manager, Pamela Byrd. The purpose of the initial telephone call was to discuss and review the PREA audit process, data production, and methodologies.

There were follow-up conversations among the Auditor, ODYS PREA Administrator and PREA Compliance Manager concerning the site review; access to the various staff members, logistics for the onsite phase of the audit, and objectives and expectations. The PREA Compliance Manager and Administrator, Bryan Hughes, were receptive to the audit process and knowledgeable of the role of the Auditor and the objectives and expectations during each stage of the PREA audit, having participated with other facility staff in the 2016 PREA audit.

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

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

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

The interview document requested a list of direct care staff and their shift assignments and a current resident population roster which could also be provided onsite. Additionally, the request included information regarding residents who may be in vulnerable categories such as cognitive disability; physical disability; limited English proficient; intersex; gay; bisexual; transgender residents; disclosure of victimization or perpetrating sexual abuse during the vulnerability screening; and residents housed in isolation. It was determined that no residents are held in isolation at this facility.

Staff and residents were randomly selected from the identified categories of staff, required to be interviewed and identified through a schedule developed by the Auditor. There were two residents identified in the vulnerable categories which were counted as targeted interviews. The Auditor communicated with the PREA Compliance Manager to confirm schedules and to clarify specialized PREA roles. The Auditor solicited and received input from the PREA Coordinator regarding any conflicts in staff coverage and availability. The random staff schedules cover all shifts and staff members were interviewed from each shift.

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

Documents/Information	Comments
Complete Resident Roster	An up-to-date roster was provided during the site review.
Youthful inmates/detainees	Youthful inmates/detainees are not housed in this facility.
Residents with disabilities	Identified onsite
Residents who are Limited English Proficient	None Identified
LGBTI Residents	None Identified
Residents in segregated housing	Segregated housing is not used
Residents in Isolation	Isolation is not used
Residents who reported sexual abuse	None Identified
Residents who reported sexual victimization during risk screening.	None Identified
Disclosed victimization or perpetrated sexual abuse that did not occur in an institutional setting.	Identified onsite
Staff roster for the time of the site visit.	Roster provided during the pre-onsite audit phase on interview document sent to the facility.
Specialized Staff	Specialized staff identified on interview document sent to the facility during pre-onsite audit phase.
Contractors who have contact with the residents.	Identified as the physician
Volunteers who have contact with the residents.	Identified during the pre-audit phase of the audit on the interview document sent to the facility.
Information regarding grievances/allegations made in the 12 months preceding the audit	None
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	None
Hotline calls made during the 12 months preceding the audit	No identified hotline calls made during the 12 months preceding the audit.
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	None

The Auditor reviewed the information provided and conferred with the PREA Compliance Manager for clarity as needed. As a result of the information received, the Auditor developed an interview schedule consisting of specialized and random staff and residents, including two targeted resident interviews.

The facility's website was reviewed by the Auditor prior to the site visit. General and specific information about the facility and the programs and services provided are detailed on the website. An array of information, including contact information is available on the website and

may be accessed by the general public. The facility's website also contains PREA policy, third-party reporting form; last PREA audit report; annual reports; and other related information.

Onsite Audit Phase

Key Processes and Methodology

Upon arrival to the facility, the PREA Auditors were greeted by the Administrator PREA Compliance Manager and other facility staff. The Auditors arrived at the facility early, which was pre-arranged, to interview two staff from the overnight shift in an effort to reduce the amount of accumulated overtime. Once the interviews were concluded, a formal entrance meeting was conducted in the conference room. The agenda for the day was reviewed by the Auditor ensuring the facility staff that the Auditors would be as non-intrusive and flexible as can be where these actions did not interfere with the completion of a thorough audit.

The entrance meeting was attended by facility and ODYS staff. The facility staff included Bryan Hughes, Administrator; Pamela Byrd, PREA Compliance Manager; Staff members in attendance from the ODYS central office were Alexander Stojisavljevic, PREA Administrator; and Jodi Slagle, Bureau Chief of Community Facilities. Ms. Byrd is also the American Correctional Association (ACA) Coordinator for the facility.

After completion of the entrance conference, a comprehensive site review was conducted by the Administrator and PREA Compliance Manager, supported by other facility staff. The ODYS central office staff members were also present during the site review which included all areas of the facility. The areas visited included the administrative area; living units; dining area; gymnasium; offices; medical clinic; medical office; classrooms; and outside grounds. The site review included all program areas. The staff was observed providing direct supervision and services to the residents. The residents were observed in class and moving from one area to another.

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

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

A Memorandum of Understanding (MOU) exists with the Compass Rape Crisis Center for the provision of hotline services for requesting advocacy services and reporting allegations. The

MOU also includes but is not limited to hospital accompaniment and accompaniment through the investigative interview and the judicial process. The services were confirmed by the Director during a telephone interview. There is a MOU with Mercy Medical Center's Haven Program for the provision of forensic medical examinations conducted at the hospital by a Forensic Nurse Examiner (FNE) or other qualified practitioner. The forensic medical services were confirmed by the Program Manager also during a telephone interview. Additionally, a MOU exists with the Stark County Sheriff's Office for conducting investigations of sexual abuse allegations, using protocols aligned with the standards, by appropriately trained staff.

The hotline telephone answering service is provided for residence to obtain assistance if they are victims of sexual abuse or sexual assault. One of the dedicated hotline phones was checked by the Auditor and was found to be in working order and access to services available. The telephone operator was assured by the Auditor that the call was only a test. The instructions on how to access services through the hotline and information provided regarding the role of an advocate are posted within the area of the dedicated telephone. The residents interviewed stated female staff members announce their presence by ringing the bell on the outside of the door prior entering the living unit. This practice was observed during the comprehensive site review.

Staff answered questions regarding resident activities and staff duties as the site review progressed through the facility. Areas of the facility that were reviewed included lobby; administrative area; classrooms; gymnasium; offices; conference room; medical office; medical clinic; and outside grounds. During the comprehensive site review, the intake process, daily scheduled activities and staff supervision were discussed by the facility staff. Informal staff interviews were conducted during the site review as different facility areas were visited. The comprehensive site review allowed for observations of daily activities, program services and operations.

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

Interviews

Twenty-three staff members are currently employed at the facility that may have contact with residents. A total of 16 residents were in the facility on the day of the site visit and 10 were interviewed. Two targeted interviews were conducted as a result of the make-up of the current population and after conferring with the PREA Compliance Manager.

The facility has 10 direct care staff members and all were interviewed. Seven individual specialized staff members were interviewed based on their job duties and PREA roles, including a volunteer. The PREA Compliance Manager, Administrator and PREA Coordinator were interviewed; their interviews in those roles were not counted as specialized staff.

However, the interview with the PREA Compliance Manager in the roles of intake staff and retaliation monitor were counted as specialized interviews. Although seven individuals were identified for specialized interviews, the specialized interviews conducted totaled 10 due to staff members in this category serving in more than one PREA related specialized role.

The interviews with residents, staff, and volunteer indicated their receipt of PREA training which was also verified by a review of documentation, including training materials. Both Auditors were provided confidential settings for interviews. Random and specialized Staff and resident interviews were conducted onsite and were done in the privacy of offices for staff and residents. The staff ensured that staff and residents were readily available and easily accessible for the interviews. The Auditors conducted 10 random resident interviews, including two targeted interviews. Ten direct care staff members were interviewed because of the total number on direct care staff.

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

Category of Staff	Number of Interviews
Medical Staff	1
Mental Health Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (Unannounced Rounds)	1
Volunteer who has Contact with Residents	1
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Intake Staff	1
Number of Specialized Staff Interviews	10
Number of Random Staff Interviews	10
Total Random and Specialized Interviews	20
Total Interviews plus PREA Compliance Manager, PREA Coordinator and Administrator	23

Two community support interviews were conducted by telephone during the post audit phase. The Program Manager of Mercy Medical Center's Haven Program verified the availability forensic medical examinations by a trained practitioner as stated in the Memorandum of Understanding (MOU). The Director of the Compass Rape Crisis Center confirmed advocacy services to be provided, aligned with the MOU. She also confirmed the availability of hotline services for reporting allegations of sexual abuse and sexual harassment and for requesting advocacy services.

Onsite Documentation Review

The Auditor received documentation for each standard from various sources as part of the Pre-Onsite Audit Phase and additional documentation during the onsite audit phase. During the Pre-Onsite Audit Phase and the Onsite Audit Phase the Auditor reviewed documentation that included but not limited to: PREA Pre-Audit Questionnaire; policies and procedures; training materials, including curricula; personnel files; background screenings; vulnerability assessments; acknowledgement forms; checklists; coordinated response plan; unannounced rounds; Annual and other PREA related reports; organization chart; resident grievance form; Third Party Reporting Form; secondary materials from youth files; Annual Staffing Assessment; staffing plan; and other documentation.

Investigations

During this audit period, there were no allegations of sexual abuse or sexual harassment.

After the completion of the site visit process of the onsite audit phase, an exit meeting was held in the conference room with attendees from the entrance meeting. The exit briefing served to review the onsite process, program strengths and report timelines regarding the reports. The attendees were given the opportunity to ask additional questions about the audit process.

Post Onsite Audit Phase Key Processes and Methodology

The Auditor contacted the authorized representative for the agency committed to ensuring forensic medical services would be provided and at no cost to the victim. The services were confirmed as stated in the MOU and may be activated by facility staff or through the emergency room. Additionally, the authorized representative for advocacy services and the provision of hotline services were confirmed and aligned with their MOU.

All of the evidence provided, collected and reviewed during the pre-audit phase and the onsite audit phase, consideration of all interviews, and observations were triangulated by the Auditor to determine the standards were met. The final report was concluded on the posted date. The report was submitted to the ODYS PREA Administrator for subsequent distribution to the facility.

Facility Characteristics

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

The Community Corrections Facility is located in Canton, Ohio. The facility serves male juvenile offenders between the ages of 14-18 who have a suspended commitment to the State of Ohio Department of Youth Services (ODYS) for delinquent acts that constitute a felony. The

facility accepts referrals statewide and is funded by ODYS as an alternative program. The primary counties served are Stark; Columbiana; Carroll; Wayne; and Tuscarawas.

The entrance to the facility contains a lobby and reception area where visitors may sign in/out. The area beyond the primary entrance area includes but is not limited to administrative offices; conference room; and staff break room. A hallway leads to the program area; medical office; classrooms; central control; living units; and gymnasium. Residents are housed in two living units containing twelve single rooms each. The living units have an upstairs and downstairs with six rooms on each level. The rooms are located on each side of the day room area and two restrooms are on the lower level. PREA related information is posted in each living unit and various areas of the facility. There is a dedicated phone in each living unit for residents to report sexual abuse and sexual harassment and/or to request victim advocacy services.

Each housing unit is equipped with chairs couches, tables, and a television. The two units are adjacent to each other and the control center is in the middle area outside of the units with visibility in both units. Residents are provided a reasonable amount of privacy and safe space when they shower, use the toilet and change clothes. A section of each living unit is used as a library with an array of materials. The medical clinic and kitchen/cafeteria is located on the second floor, shared areas with the juvenile detention center, which is also a part of the Multi-County Juvenile Attention System. Staff supervision and scheduling ensure the two populations do not associate with each other. The gymnasium is also shared and scheduling is such that the two populations do not interact. The outside grounds contain a basketball court.

Appropriate space exists in the facility for counseling sessions, visitation and other activities. The units, entrance lobby and other areas contain PREA reporting information. The facility is very clean and well-maintained. A telephone is located on each unit for the residents to directly report, through the abuse reporting hotline, allegations of sexual abuse and sexual harassment and/or request advocacy services. Cameras are strategically placed outside as well as inside of the facility and may be monitored from the central control center. The camera monitoring system supports the direct supervision provided by staff and the cameras were observed to be operational. Each unit is equipped with cameras, as are other areas, strategically placed to support direct staff supervision.

The program utilizes a behavioral management system that focuses on rewarding residents for positive behavior. Residents are given the opportunity to earn points in specific categories based off their individual treatment plan made by the resident and their counselor. At times a resident's stay is reduced by stepping them down to a group home, other times the youth's length of stay can be longer due to behavioral issues. Education is an important part of the curriculum at the facility.

Medical services are provided and coordinated by the Registered Nurse who also provides on-call services to the facility. A medical screening is conducted by the nurse on each resident upon their admission to the facility. A physician visits the facility weekly and is on-call 24 hours a day, seven days a week. A dentist and optometrist provide services as needed. Mental health services are provided onsite by a therapist.

Unit Managers and direct care staff ensure the proper management and supervision of the residents during the programming activities and provision of services. It was observed that staff members provide direct supervision to the residents on the living units and throughout the facility's program operations. The staff to resident ratio was observed to be met in all areas of the facility during the comprehensive site review. Management, supervisory, support, and direct care staff members provide oversight of and/or participation in processes and activities that contribute to the facility operations and service delivery.

Various programs and services are provided to residents. The program and services include but are not limited to:

- educational services;
- mental health services;
- general counseling;
- behavior management system with positive incentives;
- medical care;
- recreation activities; and
- religious services.

Third-party reporting forms are located in the facility, accessible to all visitors as well as staff. The form is also located on the facility's website. Reporting information is available and accessible to visitors, residents, contractors, and employees through the posting of the hotline numbers. Administrative investigations may be conducted by the facility-based investigators. When it is determined an allegation is of a criminal nature, the case is referred to local law enforcement. A MOU exists with the Stark County Sheriff's Office which commits the Sheriff's Office to conducting investigations regarding allegations that are criminal in nature using the prescribed PREA protocols by appropriately trained investigators.

The resident and staff interviews, documentation and observations confirmed the provision of the programs and services described. The residents indicated during the interviews, they could communicate with their parents/guardians through telephone calls and visits aligned with the information provided in the handbook. Observations during the comprehensive site review revealed appropriate staff and resident interactions.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Multi-County Juvenile Assistance System Directive (MCJAS) Y-6
Organization Chart
Signed Job Description
PREA Pre-Audit Questionnaire

Interviewed:

PREA Coordinator
PREA Compliance Manager
Random Staff
Residents

Provision (a):

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

Directive Y-6 mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The Directive outlines the facility's approach to preventing, detecting, and responding to such conduct. The Directive includes definitions, including prohibited behaviors regarding sexual abuse and sexual harassment. Additionally, the Directive includes sanctions for those found to have participated in prohibited behaviors. The PREA and related Directives address prevention and responsive planning; training and education; risk screening; reporting; official response to a resident's report; investigations; discipline; medical and mental care; and data collection and review.

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

Provision (b):

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

The Directive supports the designation of the as the American Correctional Association (ACA) Coordinator to be designated as the PREA Compliance Manager. The job description of the ACA Coordinator contains designation of the position in the role of providing oversight to PREA compliance and it is signed by the ACA Coordinator acknowledging understanding. The interview with the PREA Compliance Manager confirmed her knowledge of PREA and she indicated she has the time and authority to perform the PREA duties. The agency has also designated a PREA Coordinator, James McKenzie who is the Chief Operations Officer. He is familiar with the audit process and says he has the time and authority to manage his PREA responsibilities with the support of the PREA Compliance Managers. The organization chart shows the appropriate staffing levels of the PREA Compliance Manager and PREA Coordinator.

Provision (c):

Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The agency has identified PREA Compliance Managers in other facilities operated by the agency. Five other PREA Compliance Managers report to the PREA Coordinator regarding PREA related issues. The Chief Operations Officer for the agency has been designated as the PREA Coordinator.

Conclusion:

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

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

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

MCJAS Directive Y-6

Interviewed:

Administrator

Provision (a) and (b):

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

The agency does not contract with other entities to house its residents as confirmed by policy and the interview.

Conclusion:

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

Standard 115.313: Supervision and Monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against

sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

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

115.313 (d)

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

resources the facility has available to commit to ensure adherence to the staffing plan? Yes
 No

115.313 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

MCJAS Directive (Policy) Y-6
Staffing Plan
Annual Review of Staffing Plan
Unannounced Facility Visitation Form
PREA Pre-Audit Questionnaire

Interviews:

Administrator
PREA Coordinator
Unit Manager/Conducts Unannounced Visits

Provision (a):

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect

residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

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

Facility Policy provides details for maintaining the PREA staffing ratios. The camera monitoring system is located in a centralized area among the living units and the cameras are regularly monitored. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Administrator, review of Policy and staffing plan, and observations. The work schedules are based on the staffing plan and facility Policy aligned with the standard's provisions.

Provision (b):

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

The Directive provides that in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations from the PREA staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan. The Administrator revealed how he reviews the work schedules on a regular basis and the PREA Coordinator also ensures the facility is not below the PREA staffing ratios.

Provision (c):

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

The Directive provides for the PREA ratios and an internal evening ratio of 1:12 during the sleeping hours. Direct care staff maintain the ratios and ensure the PREA ratios are met. The population was 16 during the site visit however staff to resident ratio was in compliance during the comprehensive site review and subsequent observations. The work schedule supports the staffing plan and the Administrator reports no deviations to the staffing plan.

Provision (d):

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

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;

(3) The facility's deployment of video monitoring systems and other monitoring technologies; and
(4) The resources the facility has available to commit to ensure adherence to the staffing plan.
The Directive provides that an annual staffing review is conducted and reviewed. The documented Staffing Plan Assessment covers staffing level and prevailing staffing patterns and the camera system. Documentation of unannounced rounds was reviewed and it was determined that they occur. No corrective actions were identified in the Staffing Plan Assessment.

Provision (e):

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

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

The interview with the Unit Manager indicated how he ensures that staff does not alert other staff when he is conducting unannounced rounds. The Policy indicates staff will not alert other staff regarding the occurrence of unannounced rounds. Staff members are not informed of the unannounced rounds and staff members are aware of not alerting other staff members regarding the unannounced visits.

Conclusion:

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

Standard 115.315: Limits to Cross-Gender Viewing and Searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

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

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

MCJAS Directive Y-6

PREA Pre-Audit Questionnaire

Interviews

Random Staff

Residents

Provision (a):

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The Directive prohibits cross-gender strip searches, cross gender pat-down searches and cross-gender visual body cavity searches, unless the cavity search is performed by a medical practitioner in a hospital. There is no evidence of cross-gender searches of any type occurring at the facility. Based on the review of the Pre-audit questionnaire and according to the interviews, no cross-gender searches have been conducted.

Provision (b):

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

The Policy and random staff interviews provide that cross-gender pat-down searches are prohibited. Policy provides directions regarding searches. General searches are conducted by the male staff and all random staff stated a male would be available to conduct the searches. No residents interviewed reported a female staff member conducted a pat-down search of their body. The evidence indicates cross-gender pat-down searches have not occurred at the facility during this audit period.

Provision (c):

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

The Directive, supported by random staff interviews, prohibits cross-gender searches of all types. Body cavity searches are to be conducted by a licensed medical practitioner at the hospital. The searches are documented. All interviews confirmed that a cross-gender search has not occurred at the facility. The interviews revealed there will always be a male present to conduct the searches as needed.

Provision (d):

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell

checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The Directive is implemented and ensures residents are able to shower, change clothes and perform bodily functions without being viewed by the opposite gender. Staff and resident interviews and a review of policies, and the information provided during the site review confirmed the practices. Directional signs are posted outside the door of each unit directing female staff to use the button to announce their presence, which was observed during the comprehensive site review. The Directive also instructs opposite gender staff to announce their presence when entering a living unit.

The evidence shows residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia in accordance with Policy and the interviews. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard. Viewing of the cameras also confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes. The shower procedures include a reasonable amount of privacy provided for each resident.

Provision (e):

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

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

Provision (f):

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

The Directive addresses staff training in how to conduct pat-down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The documentation of training and staff interviews support the training is conducted. The evidence shows staff members are trained in how to conduct pat-down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Conclusion:

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

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

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

115.316 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

MCJAS Directive Y-6
CCF 1 System Directive
CCF 31 System Directive
Agreement for Services

Purchase Order
Posters
PREA Education Information Sheets

Interviews:

Residents
Random Staff
PREA Compliance Manager

Provision (a):

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

The Directive/Policy Y-6 addresses the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy also prohibits use of resident readers except in limited circumstances where a resident's safety or the investigation is compromised. Random staff interviews confirmed residents are not used as interpreters or readers for other residents.

PREA education is provided to residents by the PREA Compliance Manager. Assistance will be provided by the education or mental health staff, based on the needs of the resident. It was clear from the interview how the education is provided in a manner understandable by the residents. The Policy provides resources and contact information to address the disabilities and language barriers and states the Sheriff's Office may also be contacted for assistance. The agreement for services and purchase order confirms services are available. The PREA information has been translated into Spanish and a PREA video is also in Spanish. Directives CC 1 and 31 provide the individual needs and rights of the residents are met.

Provision (b):

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The dominant language other than English is Spanish within the population served. The documentation of agreement for services and invoice support that language interpretation services are provided. The facility has PREA materials, including posters, translated in Spanish. The PREA information is also

accessible in other languages if needed. The evidence shows that each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility ensures access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to access the professional interpreters who can interpret effectively, accurately, and impartially.

Provision (c):

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

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

Conclusion:

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

Standard 115.317: Hiring and Promotion Decisions

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

115.317 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local laws, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

MCJAS Directive Y-6
Personnel Files (including background check information)
Interview Questions
Employment Screening Report

Interviews:

Human Resources Staff

Provision (a) & (f):

Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who--
(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

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

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

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

The Directive addresses hiring and promotion processes and decisions and background checks, aligned with the provisions. The personnel files show that background checks, including checking the state child abuse registry, occur. The Employment Screening Report documents completed background checks. Documentation is also maintained on contractors regarding background checks. The personnel files reviewed onsite and documents received during the pre-onsite audit phase confirmed completion of initial background checks and the five-year background checks.

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

Provision (b):

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

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

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

Provisions (c) & (d):

Provision (c): Before hiring new employees or

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

(1) Perform a criminal background records check;

(2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and

(3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

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

Provision (e):

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

Initial background checks are conducted and are conducted every five years thereafter. The interview, review of documentation and a review of Y-6 provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

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

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

Provision (h):

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

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

Conclusion:

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

Standard 115.318: Upgrades to Facilities and Technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.318 (b)

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

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Pre-Audit Questionnaire

Interview:

Administrator

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

RESPONSIVE PLANNING

Standard 115.321: Evidence Protocol and Forensic Medical Examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

MCJAS Directive Y-6
 Memorandum of Understanding (MOU) – Stark County Sheriff's Office
 MOU – Mercy Medical Center's Haven Program
 MOU – Stark County Compass Rape Crisis Center

Interviews:

Random Staff
Unit Manager/Investigative Staff
Administrator
Program Manager, Haven Program
Director, Compass Rape Crisis Center

Provisions (a) & (b):

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

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

The Directive and MOU with the Stark County Sheriff's Office supports a uniform evidence protocol will be followed regarding investigations of sexual abuse in accordance with the standard. The Policy provides information regarding the facility-based investigators' responsibility in conducting administrative investigations. The training documentation for the facility-based investigators includes training by the National Institute of Corrections documented by certificates and the investigative interview.

According to the interviews and the Policy, the Sheriff's Office investigates allegations that are criminal in nature. The investigator and random staff interviews confirmed awareness of their role in obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. The Policy and MOU support the protocol is developmentally appropriate for youth. The MOU and letter of agreement provide the Sheriff's Office uses an investigator who has received special training in sexual abuse investigations.

Provision (c):

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

The interview with the Program Manager confirmed the call on the 24-hour crisis line alleging abuse may activate the operator's notification to obtain a Forensic Nursing Examiner or other qualified practitioner. The agency may also be contacted by the hospital if the resident is taken to the emergency room. The Compass Rape Crisis Center may assist in coordinating a forensic medical examination by contacting the Haven Program if contacted by the victim or facility staff. No forensic examinations have been conducted during this audit period.

Provisions (d) & (e):

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

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

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

Victim advocacy services have been arranged and are documented in a Memorandum of Understanding with the Compass Rape Crisis Center. The services that will be provided to residents, as verified, by the authorized representative include but are not limited to hospital accompaniment, crisis intervention services and emotional support. Contact information is posted in the facility and accessible to residents and staff. Information regarding advocacy services is also provided to the residents initially during the intake process and on an ongoing basis, including information regarding what an advocate can and cannot do. An advocate can also be provided through the Mercy Medical Center's Haven Program, according to its MOU.

Provisions (f) & (g):

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

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

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

Investigations of allegations of sexual abuse that are criminal in nature are conducted by the Stark County Sheriff's Office in accordance with the Policy and the provisions of the standards. A MOU exists that shows the commitment by the Sheriff's Office to conduct the criminal investigations using the appropriate uniform protocol which maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate for youth. A letter of agreement from the Deputy that would conduct the investigations speaks to his training.

Provision (h):

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

The Policy provides for a qualified staff or community organization staff member to provide advocacy services to a victim upon request. The facility has MOUs to ensure qualified advocacy services.

Conclusion:

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

Standard 115.322: Policies to Ensure Referrals of Allegations for Investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

MCJAS Directive Y-6
MOU, Stark County Sheriff's Office
Letter of Agreement
Coordinated Response Plan

Interviews:

Random Staff
Investigative Staff

Provision (a):

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

The Directive directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the Policy requirements as verified through their interviews. The Policy, MOU and interviews support the cooperation would be demonstrated between the facility staff and investigators. The facility-based investigators, as well as the assigned investigator from the Sheriff's Office, have received the required training as documented by facility training certificates, MOU and letter form the Sheriff's Office Deputy. A review of documentation and staff interview indicate the ability of the facility-based investigators to conduct administrative investigations. Allegations that are criminal in nature are referred to the Stark County Sheriff's Office. Allegations are also reported to the child welfare agency.

Provision (b) and (c):

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

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

PREA reporting information is located on the facility's website and within the facility, accessible to the public. The posted and other written materials are accessible to residents and staff and others. Electronic information accessible to staff, contractors, volunteers and visitors. The Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained facility investigators. Allegations that are criminal in nature are investigated by a trained investigator from the Stark County Sheriff's Office. The facility Policy and MOU between the facility and the Sheriff's Office jointly describe the responsibilities of both investigative entities.

Provision (d):

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

The facility and other investigative agency have policies governing investigations. Training documentation was reviewed by the Auditor of the facility-based investigators and the letter from the Deputy assigned to the facility provided background information to his experience including training.

Provision (e):

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

The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations. Staff members were aware of the investigative entities.

TRAINING AND EDUCATION

Standard 115.331: Employee Training

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

115.331 (a)

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

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

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

MCJAS Directive P-6
Training Curriculum
Training Acknowledgement Statements
Training Certificates
PREA Training List
PREA Pre-Audit Questionnaire

Interviews:

Random Staff

Provisions (a) and (c):

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

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

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

The Directive addresses PREA related training for staff. Training documentation was reviewed and staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. Staff interviews also support refresher training is conducted. All direct care staff members interviewed and Policy verified the general topics in this standard provision were included in the training.

Provision (b):

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The facility houses males and the training considers the needs of the population served as determined by training provided to staff and interviews.

Provision (d):

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

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

Conclusion:

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

Standard 115.332: Volunteer and Contractor Training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

MCJAS P-44
Training Curriculum (PowerPoint)
PREA Training List
Training Acknowledgement Statements

Interviews:

Volunteer

Provision (a):

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

The Policy requires volunteers and contractors who have contact with residents, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of supporting documentation and interview with the volunteer who oversees religious services verified the training occurs and has occurred for herself and the volunteers who may come in the facility with her occasionally.

Provision (b):

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

The interview and acknowledgement statements revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the volunteers and contractors in

accordance with Policy. The volunteer stated the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents.

Provision (c):

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

Signed training acknowledgement statements were reviewed for the training provided. A training list was reviewed which contains the names of volunteers and their PREA training dates. The acknowledgement statement was reviewed for the contract physician.

Conclusion:

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

Standard 115.333: Resident Education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

- Have all residents received such education? Yes No

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: