

PREA Facility Audit Report: Final

Name of Facility: Lucas County Youth Treatment Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Shirley L. Turner	Date of Signature: 07/17/ 2023

AUDITOR INFORMATION	
Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	06/06/2023
End Date of On-Site Audit:	06/06/2023

FACILITY INFORMATION	
Facility name:	Lucas County Youth Treatment Center
Facility physical address:	225 11th Street, Toledo, Ohio - 43604
Facility mailing address:	

Primary Contact

Name:	Steven Fruchey
Email Address:	sfruch@co.lucas.oh.us
Telephone Number:	419-213-6166

Superintendent/Director/Administrator

Name:	Steven Fruchey
Email Address:	sfruch@co.lucas.oh.us
Telephone Number:	419-213-6166

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Characteristics

Designed facility capacity:	44
Current population of facility:	20
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	13-18
Facility security levels/resident custody levels:	medium
Number of staff currently employed at the	32

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	21
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

AGENCY INFORMATION	
Name of agency:	Lucas County Juvenile Court
Governing authority or parent agency (if applicable):	
Physical Address:	1801 Spielbusch Avenue, Toledo, Ohio - 43604
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Steven Fruchey	Email Address:	sfruch@co.lucas.oh.us

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-06
2. End date of the onsite portion of the audit:	2023-06-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The YWCA Rape Crisis Center - Operator; Advocate

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	44
15. Average daily population for the past 12 months:	18
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	19
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	32
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	21
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Conferred with staff, reviewed population roster, and observed population.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1469 1469 1630"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Observed population and conferred with staff.</p>
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>2</p>
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Observed population and conferred with staff.</p>
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Observed population and conferred with staff.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed population roster, observed population, and conferred with staff.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>

66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Conferred with staff; observed population.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Conferred with staff; reviewed annual report; there was no related evidence of allegations of sexual abuse.

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Segregated housing/isolation for residents at risk of sexual victimization was not used during this audit period
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Consideration was given regarding gender, race, and ethnicity.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no allegations of sexual abuse during this audit period.

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

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment during this audit period.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations of sexual abuse or sexual harassment during this audit period.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

Correctional Management and Communications Group, LLC

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p> <p>The Coordinated Response and Investigations of Allegations of Sexual Assault, Sexual Abuse, and Sexual Harassment Policy</p> <p>Organization Chart</p> <p>Assistant Administrator of Youth Treatment Center Job Description</p> <p>Interviews:</p> <p>Acting Administrator/PREA Coordinator</p>

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.

Guidance to staff regarding the facility's approach to preventing, detecting, and responding to conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment is provided to staff through facility/agency policies and training. Definitions of prohibited behaviors of sexual abuse and sexual harassment are provided in policy. Additionally, sanctions for those found to have participated in prohibited behaviors are also contained in policy. The facility has additional policies which support the PREA standards

The PREA Compliance Policy serves as the overarching policy regarding zero-tolerance of sexual abuse and sexual harassment against residents. Staff training, resident education, and the administration of risk assessments assist in detecting sexual abuse and sexual harassment. Facility/agency policies include but are not limited to supporting training and education for residents and staff regarding prevention; and responding to sexual abuse and sexual harassment through reporting, investigations, and disciplinary sanctions for residents and staff.

Provision (b):

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

The position of Assistant Administrator serves as the PREA Coordinator as confirmed by the job description and organization chart. The PREA Compliance Policy supports that an upper level management position serve as the PREA Coordinator. The Assistant Administrator is currently serving as the Acting Administrator and also continues in the role of PREA Coordinator. The interviews confirm the Acting Administrator is serving as the PREA Coordinator and is productive and accountable in that role. The interview with the Acting Administrator/PREA Coordinator, interviews with facility staff and residents, and observations revealed he has the time and authority to discharge the duties of the PREA Coordinator.

Provision (c):

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

The Lucas County Youth Treatment Center is the sole facility within the agency

	<p>formally operating under the PREA Standards.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews and observing the interactions within the facility, the Auditor determined the facility is compliant with this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Reviewed:</p> <p>PREA Compliance Policy</p> <p>Interviews:</p> <p>Acting Administrator/PREA Coordinator</p> <p>Provision (a) and (b):</p> <p>Provision (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>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.</p> <p>There facility does not contract with other entities for the confinement of its residents. The Acting Administrator and PREA Compliance Policy confirm the facility does not contract with other entities for the confinement of its residents.</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p>

Staffing Plan

Staffing Plan Assessment

Work Schedules

Unannounced PREA Inspection Checklist

Work Schedules

Supervisors' Meeting Minutes

Interviews:

Intermediate or Higher-Level Staff/Acting Administrator/PREA Coordinator

Provision (a):

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

(1) Generally accepted juvenile detention and correctional/secure residential practices;

(2) Any judicial findings of inadequacy;

(3) Any findings of inadequacy from Federal investigative agencies;

(4) Any findings of inadequacy from internal or external oversight bodies;

(5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);

(6) The composition of the resident population;

(7) The number and placement of supervisory staff;

(8) Institution programs occurring on a particular shift;

(9) Any applicable State or local laws, regulations, or standards;

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

(11) Any other relevant factors.

Facility Policy provides details for maintaining the internal staffing ratios. The facility's staffing plan, internal controls and management ensures that the PREA ratios of 1:8 during the waking hours and 1:16 during the sleeping hours will be maintained. Direct supervision is provided to residents during the daily activities

and program services. In addition to the direct care staff, facility practice provides for additional supervision and support by the treatment and administrative staffs. Observations during the comprehensive site review indicated the staffing ratios are maintained.

The camera system is located in the control room in the front of the building between the entrance foyer and administrative area. The cameras are constantly monitored by the control room staff. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews and review of policy and the Staffing Plan which outline staffing requirements. The work schedules are based on the staffing plan and are aligned with policy. The interviews revealed the considerations that ensure adequate shift coverage including but not limited to standard security practices, composition of the resident population and the number of supervisory staff on duty at the time.

Provision (b):

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

The facility reports compliance and there was no documentation of any deviation from the PREA staffing ratios of 1:8 and 1:16 in the past 12 months. Staff may be mandated to work overtime to ensure the staffing plan requirements are met. The facility is prepared to document any deviations from the PREA staffing requirements. Regular management team meetings are held to review the work schedules to ensure no deviations from the staffing plan.

A staffing plan document, aligned with policy, was developed that shows the required staff assigned to each shift. The staffing plan provides for the staffing ratios to be met and additional staff for days and times when increased staffing is required and how shifts will be covered. The facility uses 12 hour shifts to provide the availability of staff as needed for coverage.

Provision (c):

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

The internal staffing ratios for the facility provide for fewer residents per staff during the sleeping hours and the 1:8 during the waking hours and ensures adherence to the PREA required ratios. The ratios were observed for and met during the comprehensive site review and review of documentation confirmed coverage. Direct care staff members provide direct observation of residents. The staff to resident

ratio was in compliance during the site visit as observed by the Auditor. The facility is not involved in any lawsuits or consent decrees.

Provision (d):

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

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

The facility has formally documented the assessment data facilitated by the PREA Coordinator who is now serving as Acting Administrator. The document reviews but is not limited to the following areas: prevailing staffing patterns; review of staffing plan; electronic monitoring system; and occurrence of unannounced rounds. Policy requires that the review considers any adjustments that need to be made in the staffing plan, prevailing staffing patterns; deployment of monitoring technology; or the allocation of resources. The annual assessment documents the summarization of the review including the staffing plan, monitoring system and the process for conducting unannounced rounds.

Provision (e):

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

Policy provides for the occurrence of unannounced rounds that are conducted by the leadership, management and supervisory staffs. The documents show the rounds are made at various times. A form is used which records the observations made and the interviews confirmed that the unannounced rounds occur, supported by the interviews. The staff is not informed of when the rounds will occur and the visits are not conducted at scheduled times. The unannounced rounds are conducted throughout the facility to identify and deter sexual abuse and sexual harassment. Policy provides that staff not alert other staff when the rounds are occurring. The rotation of staff performing unannounced rounds include the following positions: Administrator; Assistant Administrator; Clinical Director; and Managers. The

	<p>unannounced rounds are documented on the dedicated form, Unannounced PREA Inspection Checklist.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and the staff interview, the Auditor determined the facility is adhering to this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Frisk Search/Pat-Down Search Policy</p> <p>Placement of Residents in Living Units</p> <p>Training Rosters</p> <p>Training Curriculum</p> <p>Policy Acknowledgement Forms</p> <p>Resident Frisk Search/Pat-Down Logs</p> <p>Posted Signs</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>Acting Administrator/PREA Coordinator</p> <p>Provision (a):</p> <p>The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>Policy prohibits cross-gender strip searches, cross-gender pat-down searches and cross-gender visual body cavity searches. Cross-gender pat-down searches are not permitted, except in exigent circumstances. All searches are documented as well as exigent circumstances regarding cross-gender pat-down searches. Random staff interviews identified exigent circumstances as not enough of the same gender of staff on duty; concern for contraband or other threat to safety and security; or</p>

severe weather. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Based on the review of the Pre-Audit Questionnaire and according to the interviews, cross-gender searches have not been conducted at the facility.

Provision (b):

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

Policy does not support staff conducting any type cross-gender searches, except in exigent circumstances. Policy requires that any exception to this premise must be documented. The training rosters and training curriculum document that staff receive training on how to conduct searches. Staff interviews confirmed they are aware of the policy regarding searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months. Random staff interviews identified examples of exigent circumstances as not enough of the same gender of staff on duty; concern for contraband or other threat to safety and security; or severe weather.

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.

Policy does not provide for cross-gender strip searches and cross-gender visual body cavity searches; exceptions to policy are to be documented. All interviews confirmed that cross-gender searches have not occurred at the facility during this audit period. Policy and practice require staff members y to document all searches.

Provision (d):

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

Practice provides that the facility enables residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them. This practice was confirmed through interviews with residents and staff. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothing, and performing bodily functions. Signs are posted in each bathroom instructing staff to wait outside of the restroom

while youth are using the restroom. The shower stall has a door and a curtain is provided directly for the shower behind the door. All toilets have stall doors.

Policy provides that staff members of the opposite gender must announce their presence and ring the bell when entering the residents' living unit or an area in which residents may be showering or performing bodily functions. The residents stated that opposite gender staff members announce their presence as they are entering the unit and ring the bell outside the unit door prior to entering. The practice of opposite gender announcement and ringing the door bell was observed during comprehensive site review.

The evidence shows residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard. Viewing of the monitors and staff and resident interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes. The shower and toilet stalls do not allow staff to get a view of the resident's body. Hygiene practices are performed with the expectations of reasonable privacy for each resident. Signs are posted just inside of each bathroom area for staff to remain outside the area while residents are in the shower. Informal discussions regarding shower procedures indicated practice is aligned with policy.

Provision (e):

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

Policy and procedures prohibit the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verified no such searches have occurred in the past 12 months. The facility reports that staff received the training on conducting searches and searches of transgender and intersex youth. Staff interviews confirmed they are aware that policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status. When the genital status of a resident is unknown, learning this information will be part of a broader medical examination conducted by a medical practitioner in private.

Provision (f):

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

	<p>The training curriculum for staff training and practice provide that staff is not to search the resident's body and are never to search a resident for the sole purpose of determining the resident's genital status. The training stresses the sensitivity, professionalism and technique for the search process. The documentation and staff interviews support the training is conducted. The interviews revealed that an intersex or transgender youth will be asked their gender preference for conducting the search. The staff members are trained in how to conduct the searches in a professional and respectful manner for any resident admitted to the facility. There were no transgender or intersex youth in the facility during the site review.</p> <p>Conclusion:</p> <p>Based on the reviewed documentation and interviews, the Auditor determined compliance with this standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Orientation/Issuance of Resident Handbook</p> <p>Memorandum of Understanding (MOU)</p> <p>Interviews:</p> <p>Residents</p> <p>Random Staff</p> <p>Administrator</p> <p>Provision (a):</p> <p>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</p>

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.

Policies address the provision of support services for Limited English Proficient and 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. Residents are not used as readers or interpreters and which was confirmed by staff interviews. Mental health staff is responsible for securing the services needed.

The MOU was reviewed which provides interpreter services. Professional interpreters provide services to the residents upon safe. The education unit and mental health unit also provide support services where needed that may include but not be limited modifying/adapting information for all residents to understand. Posted PREA information and brochures and pamphlets are maintained in English and Spanish.

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 MOU between the Lucas County Juvenile Court and Interpreters of Northwest Ohio confirms that interpreters are available to provide professional services and interviews confirm the availability of professional services. The MOU includes the information on how the interpreters may be contacted and the confidentiality of the services.

Policy and staff assistance support 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. PREA information is accessible to residents in English and Spanish and other languages are accessible through interpreter services. The facility provides 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 provide 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

	<p>performance of first-response duties under § 115.364, or the investigation of the resident's allegations.</p> <p>The Orientation/Issuance of Resident Handbook Policy prohibits the use of resident readers and interpreters except in limited circumstances where an extended delay in obtaining an interpreter could compromise a resident's safety; performance of first responder duties; or investigation of allegations of sexual abuse or sexual harassment. The interviews and documents confirm that the facility contracts for services and has staff members with the capabilities to provide support services. Random staff interviews confirmed residents are not used to relate PREA information to or from other residents.</p> <p>Information regarding reporting allegations of sexual abuse and sexual harassment is posted throughout the facility and accessible in both English and Spanish. The facility has the resources available to get the PREA information translated and printed in the additional languages as needed. The Resident Handbook also contains information on how to report allegations of sexual abuse and sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Pre-Employment Policy</p> <p>Hiring and Promotion Policy</p> <p>Policy, Code of Ethics for Staff Members Policy</p> <p>Contract Personnel, Juvenile Justice System, and Community Agencies Policy</p> <p>Interview Questions</p> <p>Personnel Records</p> <p>Interview:</p> <p>Human Resources Staff</p> <p>Provision (a) & (f):</p>

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 collective policies address hiring and promotion processes and decisions and background checks, including child abuse registries. The background checks occur initially and every five years thereafter, aligned with policy and the standard. The personnel files include the completed background checks and hiring documents. Background checks are conducted through the State Bureau of Criminal Investigation and the Federal Bureau of Investigation.

Through the employment application and interviews, prior to hire and promotion, employees are asked to verify if they:

- Have 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);
- Have 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,
- Have been civilly or administratively adjudicated to have engaged in the activity described above.

The interview with the Human Resources staff and a review of policies provided collective details about the hiring process, completion of background checks, and grounds for termination. The forms completed and included in the personnel files are responsive to the above provisions of this standard. All applicants are asked about any prior misconduct involving any sexual activity.

The documentation, interview and policies support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use

force in the community to engage in sexual abuse. The Employee Handbook and verbally upon hire provides for reporting arrests, according to the Human Resources Staff.

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 policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview with the Human Resources Staff was aligned with the standard and the documentation show the inquiries made during the application process regarding previous misconduct.

The Pre-Employment and Hiring and Promotion Policies and interview collectively indicate that the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. Policy supports that no applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior.

Provisions (c) & (d):

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

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

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

The background check process includes consulting a child abuse registry. Best efforts will be made to contact all prior institutional employers for information of incidents or allegations of sexual abuse.

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

	<p>current employees.</p> <p>Initial background checks are conducted and are conducted every five years thereafter, in accordance with policy. The interview, review of documentation and a review of the policies provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.</p> <p>Provision (g):</p> <p>Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>The omission of sexual misconduct information or providing false information is grounds for termination. Employees are provided this information upon hire.</p> <p>Provision (h):</p> <p>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.</p> <p>The interview revealed that when a former employee applies for work at another institution, upon request from that institution, information will be provided on substantiated allegations of sexual abuse or sexual harassment involving the former employee.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p> <p>Invoice</p> <p>Interviews:</p> <p>Acting Administrator/Agency Head Designee</p>

	<p>Provision (a):</p> <p>If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?</p> <p>The agency has not acquired a new facility or made a substantial expansion to the existing facility since the last PREA audit.</p> <p>Provision (b):</p> <p>If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>The interview, invoice and commentary/observations made during the comprehensive site review identified five additional cameras with microphones. The monitoring system has the capability to store data for 60-90 days, depending on the camera.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Policy, Coordinated Response and Investigations of Allegations of Sexual Assault, Sexual Abuse and Sexual Harassment</p> <p>Memorandum of Understanding (MOU), YWCA Rape Crisis Center</p> <p>Interviews:</p> <p>Random Staff</p> <p>Acting Administrator/PREA Coordinator</p> <p>Advocate, YWCA Rape Crisis Center</p> <p>YWCA Rape Crisis Center Hotline Answering Service Operator</p> <p>Provisions (a) & (b):</p> <p>Provision (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes</p>

the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

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

Administrative investigations are conducted by facility-based investigators and allegations that are criminal in nature are investigated by the Toledo Police Department. The facility-based investigators are members of the facility's management team. The interviews with facility staff members confirmed awareness of protocol for obtaining usable physical evidence and knowledge of the agencies responsible for conducting investigations. Policy ensures that protocol for investigations is appropriate for youth. The facility maintains evidence bags and safety tape in the control booth for assistance in preserving usable physical evidence. The interviews with random staff also confirmed PREA training, familiarity with the protocols, and knowledge of obtaining and maintaining usable physical evidence.

Provision (c):

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

Policy and the MOU addresses the forensic services that would be provided to an alleged victim by a Sexual Assault Nurse Examiner at the local hospital. An Advocate with the YWCA Rape Crisis Center, which is a victim advocacy agency, revealed that the services in the MOU will be provided, including forensic examinations being conducted at the local hospital; accompaniment through forensic medical examinations and forensic interviews. The examinations will be provided at no cost to the victim as stated in policy and the MOU. 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 through the MOU between the facility and YWCA Rape Crisis Center and printed materials. The MOU supports that the YWCA Rape Crisis Center will follow all applicable laws and regulations with respect to confidentiality. The services that will be provided include:

- 24-hour crisis hotline
- Crisis intervention services;
- emotional support services;
- Follow-up services and referrals;
- Accompaniment for forensic examination;
- Accompaniment for investigatory interviews; and
- Provision of educational posters containing contact information.

During the intake process, information regarding victim advocacy services is provided to the residents. PREA information is also provided in the Resident Handbook, provided regularly during refresher sessions, and is posted throughout the facility. The PREA education sessions with residents include a review of the advocacy services provided by the YWCA Rape Crisis Center. The document, "What is an Advocate?" is posted by the telephone in each living unit.

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.

Facility-based investigators conduct administrative investigations in accordance

	<p>with policy which is aligned with the standard. Investigations of allegations of sexual abuse and sexual harassment that are criminal in nature are conducted by the Toledo Police Department. Staff interviews, policy, and the MOU collectively support that a uniform evidence protocol will be used which maximizes the potential for obtaining usable physical evidence and which is developmentally appropriate. There have not been any allegations of sexual abuse or sexual harassment during this audit period.</p> <p>Provision (h):</p> <p>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.</p> <p>The facility has made arrangements for victim advocacy services with the YWCA Rape Crisis Center, confirmed through the MOU, facility staff interviews, and interviews conducted with the representatives affiliated with the advocacy agency. There is mental health staff within the facility familiar with general sexual assault and forensic examination issues.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Policy, PREA Compliance</p> <p>Memorandum of Understanding (MOU), Toledo Police Department</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>Random Staff</p> <p>Acting Administrator /PREA Coordinator</p> <p>Provision (a):</p> <p>The agency shall ensure that an administrative or criminal investigation is</p>

completed for all allegations of sexual abuse and sexual harassment.

According to the PREA Compliance Policy and interviews, staff must report all allegations of sexual abuse and sexual harassment and document reports. The facility reports there were no allegations of sexual harassment or sexual abuse during the past year and there was no indication of such through the interviews with residents and staff. Policy, interviews and the MOU provide for investigations of all allegations of sexual abuse and sexual harassment.

Provision (b) and (c):

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

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

The policy and reporting information are located on the facility's website and within the facility. The policies, MOU and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by facility-based investigators that are trained as verified through training documents and the investigative staff interview. Allegations that are criminal in nature will be investigated by the Toledo Police Department as stated in policy and the MOU. During the past 12 months there were no allegations of sexual abuse or sexual harassment.

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 Toledo Police Department has policies governing investigations. Interviews and documentation confirmed that the facility has facility-based, trained investigators. The investigative staff interview and review of documentation confirmed administrative investigations will be conducted by a facility-based investigator and allegations that are criminal in nature will be investigated by the Toledo Police Department.

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.

	<p>The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p> <p>Staff Training Policy</p> <p>Training Curriculum</p> <p>Training Sign-In Sheets</p> <p>Interviews:</p> <p>Random Staff</p> <p>Acting Administrator/PREA Coordinator</p> <p>Provisions (a) and (c):</p> <p>Provision (a): The agency shall train all employees who may have contact with residents on:</p> <p>(1) Its zero-tolerance policy for sexual abuse and sexual harassment;</p> <p>(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</p> <p>(3) Residents' right to be free from sexual abuse and sexual harassment;</p> <p>(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</p> <p>(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;</p> <p>(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;</p> <p>(7) How to detect and respond to signs of threatened and actual sexual abuse and</p>

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.

Policies address PREA related training for staff and the position of Assistant Administrator generally conducts and coordinates staff training. Staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse and sexual harassment. PREA training is provided to staff, as indicated by a review of policies and training documents and interviews.

Staff interviews and documentation support that refresher training is conducted annually. All random staff interviewed and the Acting Administrator/PREA Coordinator indicated training is provided as required. All random staff interviewed, policy and training materials verified the general topics in this standard provision were included in the training.

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 females and males and the training considers the needs of the population served as indicated by the interviews and training curriculum. The Staff Training Policy supports training being tailored to the needs and attributes of the population served.

Provision (d):

	<p>The agency shall document, through employee signature or electronic verification that employees understand the training they have received.</p> <p>The PREA training reviewed was documented electronically and on dedicated sign-in training rosters and verified through staff interviews.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p> <p>Contract Personnel, Juvenile Justice System, and Community Agencies Policy</p> <p>Training Curriculum</p> <p>Interviews:</p> <p>Volunteer</p> <p>Contractors (3)</p> <p>Provision (a):</p> <p>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.</p> <p>The PREA Compliance Policy requires volunteers and contractors who have contact with residents to be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of documents, interviews conducted, and observation confirm the training occurs. The volunteer and contractors confirmed awareness of the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such allegations.</p> <p>Provision (b):</p> <p>The level and type of training provided to volunteers and contractors shall be based</p>

	<p>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.</p> <p>The interviews and review of documentation revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to allegations of sexual abuse and sexual harassment. Training is based on the services provided by the contractors and volunteers and their responsibilities in their roles. The interviews with the contractors and volunteers collectively revealed in-depth training and their familiarity with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents. The training included but was not limited to how to report allegations of sexual abuse and sexual harassment; signs and symptoms of sexual abuse and sexual harassment; and that all allegations will be investigated. The interviews confirmed that the review of the zero-tolerance policy is included in the PREA training.</p> <p>Provision (c):</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The training documentation and interviews confirmed the receipt and awareness of training by contractors and volunteers. The interviewed volunteer provides mentoring services for residents. The interviewed contractors provide education services to residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p> <p>New Admissions Policy</p> <p>PREA Education Acknowledgement Form</p>

PREA Screening Tool for Youth Treatment Center Residents

Service Agreement for Interpreter Services

PREA Pamphlet and Posters

Resident Handbook

Memorandum

Administrative Request and Confirmation for Interpreter Form

Interviews:

Residents

Intake Staff

Provisions (a) and (b):

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

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

The PREA Compliance Policy provides that all residents admitted receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting, according to the documentation and interview with an Intake Staff who provides PREA education to residents. A review of the education materials indicated the information provided to the residents is age-appropriate. The residents sign the Education Acknowledgement Form confirming their participation. A review of documentation indicates residents' participation in PREA education sessions. A PREA education video is also shown to residents during the intake process.

Provision (c):

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

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), and interviews, residents received PREA education. The facility reports that 31 youth were admitted to the facility during the past 12 months

and all participated in PREA education sessions.

Provision (d):

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

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. A Service Agreement for Interpreter Services and a written statement from the Court of Common Pleas acknowledging the accessibility of braille translation services confirm the arranged availability of translating services.

The facility has the education staff and mental health staff as resources to adapt the PREA information and delivery, as needed, so that all residents will benefit from the PREA education sessions. The PREA information is accessible in English, Spanish and other languages as needed and accessible to residents, visitors, staff, contractors, and volunteers. Staff interviews and policy confirm a practice of residents not used as translators or readers for other residents regarding any PREA related information. The Acting Administrator/PREA Coordinator explained the process of contacting an interpreter, through the Court, if needed.

Provision (e):

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

Signed PREA Education Acknowledgement Forms were reviewed which support the residents' involvement in PREA education sessions. The residents' signature acknowledged the written statements on the Form confirming the delivery of PREA education sessions.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide sexual abuse and sexual harassment helpful and educational information; steps victims may take; and reporting information. Each resident is provided a Resident Handbook which also contains PREA information. PREA information was observed posted and it was easy to see and read; posted at various eye levels. The information regarding advocacy services are posted by the telephones and also in the Resident Handbook.

	<p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with the provisions of this standard.</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Staff Training Policy</p> <p>PREA Compliance Policy</p> <p>Interview:</p> <p>Investigative Staff</p> <p>Provision (a) & (b):</p> <p>Provision (a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>According to policy and the interview, general PREA training is required in addition to the specialized training regarding conducting administrative investigations in institutional settings. Allegations, criminal in nature, are investigated by law enforcement. The interview and review of documents confirmed administrative investigations are conducted by trained facility-based investigators. Specialized training for the investigators includes but is not limited to interviewing techniques; proper use of Miranda and Garrity warnings; preserving evidence; and criteria for supporting a finding of substantiated, unsubstantiated or unfounded as a result of an administrative investigation.</p> <p>Provision (c):</p> <p>The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p>

	<p>The facility maintains documentation of training logs and training certificates of the facility-based investigators. Allegations that are criminal in nature will be investigated by the Toledo Police Department, in accordance with policy.</p> <p>Provision (d):</p> <p>Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p>The Toledo Police Department provides training to its investigators who will conduct criminal investigations at the facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documentation Reviewed:</p> <p>PREA Compliance Policy</p> <p>Medical Personnel Policy</p> <p>Mental Health Services Policy</p> <p>Training Certificates</p> <p>Training Rosters</p> <p>Training Sign-In Sheets</p> <p>Interviews:</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>Provision (a):</p> <p>The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <p>(1) How to detect and assess signs of sexual abuse and sexual harassment;</p>

	<p>(2) How to preserve physical evidence of sexual abuse;</p> <p>(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and</p> <p>(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Policy provides that medical and mental health staff members receive the regular PREA training as well as the specialized training. Training certificates, training rosters and interviews document specialized training for medical and mental health staff members.</p> <p>Provision (b):</p> <p>If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>Forensic examinations are not conducted at this facility.</p> <p>Provision (c):</p> <p>The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>Training certificates, training rosters and interviews with medical and mental health staff confirmed receipt of the regular and specialized training.</p> <p>Provision (d):</p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner's status at the agency.</p> <p>Medical and mental health staff complete the general training that is provided for all employees as indicated by training documentation and interviews. The standard PREA training is provided to all employees as indicated by the training documentation and interviews.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

PREA Compliance Policy

New Admissions Policy

Youth Vulnerability Assessment

Vulnerability Reassessment

Interviews:

Staff That Perform Screening for Risk of Victimization and Abusiveness

PREA Coordinator

Residents

Provision (a):

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

The Policy provides that within 24 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The specific PREA related screening instrument used is the Youth Vulnerability Assessment. It is administered within 24 hours of admission to the facility by mental health staff. The interviews and documentation support the risk assessment is completed on the first day of admission.

The information for the risk screening instrument is obtained through interviewing the youth and reviewing supporting documentation such as court records, any documentation from the child welfare agency, and information garnered from family or legal guardians. The youth is interviewed to obtain information about his/her personal history and behavior in order to reduce the risk of sexual abuse or sexual harassment. The youth is also interviewed or screened before he/she is admitted to the facility, while in detention awaiting placement.

The Youth Vulnerability Assessment instrument is used to document current and background information for each youth admitted too the facility. The facility also uses other assessment instruments to obtain additional supportive information. The evidence reveals the practice of the risk screening being conducted as required. The risk screening instrument and interview with a person responsible for its administration confirmed the information obtained includes but is not limited to:

- Prior sexual victimization or abusiveness;

- Resident's own perception of safety;
- History of psychiatric hospitalization;
- Self-identification of Resident;
- Level of emotional and cognitive development;
- Intellectual or developmental disabilities; and,
- Physical Disabilities
- Relationship with Other Youth
- Confirmation of Size
- Confirmation of Age

According to the risk screener, reassessments are conducted weekly during Team Meetings. Policy provides for formal reassessments to be conducted every 90 days. The facility reports 100% of the 31 youths admitted within the past 12 months were screened during the admission process for risk of sexual victimization and the risk of sexually abusing other residents.

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

The objective screening instrument, Youth Vulnerability Assessment, is used to obtain the information required by the standard, including but not limited to: prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his/her own safety. The instrument is scored based on the information received where a score can identify special needs. Assessments are conducted that collectively provide a presumptive determination of risk based on weighted questions and risk factors.

Provision (c):

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

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

(9) Physical disabilities;

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

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

The screening instrument contains the items required by this provision of the standard. The interview with the risk screener confirmed he is aware of the elements of the risk screening instrument. Additionally, the resident interviews confirmed the administration of the PREA risk screening and other instruments. The interviews revealed the practice is that the Youth Vulnerability Assessment Instrument is administered the first day shortly after the youth's admission to the facility.

Provision (d):

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

Much of the information in determining the risk for victimization or abusiveness is obtained through interviewing the youth while still in detention pending placement in this facility. Additional information to complete screening instruments includes but not limited to review of court records; probation file; and information from parents, legal guardians or child welfare agency. Additional classification assessments are completed when the youth is admitted to the facility and compliment the Youth Vulnerability Assessment information.

Provision (e):

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Policy and practice exist regarding confidentiality of information by staff. Appropriate controls are taken to ensure that sensitive information is protected and not exploited by maintaining the files securely in locked cabinets in the lockable administration area. Information on computers is password protected. The Therapists, Lead Therapist and Managers have access to the risk assessment information.

Conclusion:

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Placement of Residents in Living Units Policy</p> <p>LGBTQI Policy</p> <p>Youth Vulnerability Assessments</p> <p>Youth Vulnerability Re-Assessments</p> <p>Assessment Meeting Minutes</p> <p>Resident Room Assignments Roster</p> <p>Interviews:</p> <p>Staff that Perform Screening for Risk of Victimization and Abusiveness</p> <p>Residents</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Acting Administrator/PREA Coordinator</p> <p>Random Staff</p> <p>Provision (a):</p> <p>The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Facility policy provides guidance to staff regarding the use of the information obtained from the screening instrument. The staff interviews indicate the screening information is used to inform staff of information based on the need to know and in housing assignments and the information may also affect program assignments.</p> <p>Provision (b):</p> <p>Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care</p>

clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The interviews and policy provide that a resident may only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. The Placement of Residents in Living Units Policy requires residents to receive services which include education medical and mental health services. Interviews with medical and mental health staff were aligned with facility policy. Random staff interviews indicated that protective measures would be taken immediately when needed to include separating residents to different rooms. There were not any residents at risk of sexual victimization placed in isolation in the 12 months preceding the audit.

Provision (c):

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

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

Provision (d):

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Policies support that housing and program assignments for transgender or intersex residents be made on a case-by-case basis which was evident from staff interviews and observations. There were no transgender or intersex residents identified in the facility during the pre-audit and onsite audit phases. The interviews with mental health staff and Acting Administrating/PREA Coordinator confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Provision (e):

Placement and programming assignments for each transgender or intersex resident

shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

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

Provision (f):

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

The resident's concern for his own safety is taken into account through the administration of the risk screening instrument. Each youth is asked about the concern for their own safety during the administration of the instrument and may be asked during Treatment Team Meetings. There were no transgender or intersex youth in the facility; however, the residents revealed they are asked about being concerned for their own safety.

Provision (g):

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

Transgender or intersex residents will be given the opportunity to shower separately from other residents which is also supported by staff interviews and observations. All residents shower in separate stalls. The interview revealed staff awareness of the Policy.

Provision (h):

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

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

According to the Placement of Residents in Living Units Policy, a resident will only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. The provisions of this standard would be provided in accordance with the policy. The interviews with the medical and mental health staff were aligned with the Policy. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.

Provision (i):

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

	<p>Policy provides that every 30 days, staff will review the situation to determine whether there is a continuing need for separation from the general population. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding use of screening information.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Resident Reporting of Sexual Abuse Policy</p> <p>Memorandum of Understanding, YWCA Rape Crisis Center</p> <p>Grievance Form</p> <p>Resident Handbook</p> <p>PREA Education Materials</p> <p>Posted PREA Information</p> <p>Memorandum Re: Attorney Telephone Call</p> <p>Logbook Entry of Attorney Telephone Call</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>PREA Coordinator</p> <p>Hotline Agency Representative</p> <p>Provision (a):</p> <p>The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of</p>

responsibilities that may have contributed to such incidents.

Policy and practice provide for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he/she can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through 24-hour hotlines which include Lucas County Children Services, Ohio Department of Youth Services Tip Line, and the YWCA Rape Crisis Center crisis line which will route calls to the child welfare agency, Lucas County Children Services. Telephones are accessible in each housing unit, on the hallways and in the clinic.

Posted signs, educational posters, facility policy, brochures, and the Resident Handbook provide telephone numbers and instructions for reporting allegations and/or requesting assistance as a result of sexual abuse or sexual harassment. In addition to accessing a telephone, residents are also informed in the PREA education sessions, determined from the interviews, that they may tell a trusted staff member; submit a grievance; or use the hotline regarding allegations of sexual abuse or sexual harassment. The residents interviewed stated they have contact with someone that does not work at the facility they may report to about sexual abuse or sexual harassment and a report may be made for them and made anonymously if needed.

Random staff interviews collectively revealed residents may use the telephone, submit a grievance, talk to staff, or use the agency website to privately report sexual abuse and sexual harassment or request victim advocacy services. The telephones with the posted accompanying instructions are dedicated for reporting abuse and requesting victim advocacy services and may be used by residents without staff assistance. The resident is provided crisis line numbers which are posted at the telephones, contained in brochures, printed on educational posters, and/or contained in the Resident Handbook.

Residents have access to writing materials, grievance forms and locked boxes for deposit of forms or notes, accessible to all residents for reporting allegations. Written notes or letters may also be given to staff. If a grievance form is used to make a written allegation of sexual abuse, the reporting procedures will be implemented in accordance with policy, procedures and practice regarding reporting allegations of sexual abuse. PREA information is posted and each resident is provided a Resident Handbook which contains reporting and other PREA related information. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings.

Provision (b):

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous

upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The random staff interviews and resident interviews revealed residents and staff may use the crisis hotlines to report allegations of sexual abuse and sexual harassment. The interviews revealed staff's and residents' familiarity with policy and posted information on how to report allegations of sexual abuse and sexual harassment. Telephones are located in each living unit, hallways and medical clinic. The primary hotline for reporting allegations of sexual abuse or sexual harassment is through the YWCA 24-hour services. An allegation of abuse will be forwarded to the child welfare agency and subsequently the facility will be notified of the allegation.

The hotline was tested by the Auditor and it was found to be in working order. The telephone was answered promptly by an on-call operator who was very helpful in eliciting information and assuring that assistance would be provided and that a call would be returned. A call was returned in a timely manner by an Advocate who was knowledgeable about the routing of the calls and the services provided. There have been no allegations of sexual abuse or sexual harassment during this audit period. The facility does not detain residents solely for civil immigration purposes.

Provision (c):

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

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to document verbal reports. The resident interviews collectively indicated awareness of reporting either in person, in writing, by telephone, anonymously, or through a third-party. Residents also have the opportunity to write letters and make telephone calls to approved persons outside of the facility. Procedures exist for sending regular and legal correspondence. The audit posted notice contains instructions and contact information for residents and staff to write the Auditor regarding PREA issues; however, no correspondence was received from the facility. There was no indication during the onsite audit phase that correspondence was mailed to the Auditor.

A memorandum was reviewed that informed staff of a visit by an attorney and the log was reviewed that verified the visit of a resident's attorney. The interviews confirmed that attorneys may visit residents and they may visit in private. These documents demonstrated visits from the outside, in this case an attorney and that the visitor may serve as a third-party to report allegations if needed. Interviewed staff members were aware of their duty to receive and document third-party reports, as well as reports made anonymously.

Provision (d):

	<p>The facility shall provide residents with access to tools necessary to make a written report.</p> <p>Observations revealed writing materials are available for residents to complete Grievance Forms or write notes and indicated by the staff interviewed as well as residents. Each resident is provided a Resident Handbook which contains information regarding reporting through a Grievance Form and Grievance Forms are posted in the living units. Locked boxes are posted for deposit of help request forms, including Grievance Forms, and notes.</p> <p>Provision (e):</p> <p>The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>The collective staff interviews revealed staff may privately report allegations of sexual abuse and sexual harassment through use of the crisis hotline; agency website, write a note; report to Supervisor or management staff; complete a grievance Form.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Grievance, Problem-Solving, and Suggestions Policy</p> <p>Resident Handbook</p> <p>Grievance Form</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>Provision (a):</p> <p>An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p>

The Grievance, Problem-Solving and Suggestions Policy provides that an administrative process is used in dealing with grievances. Details are contained in the policy that outlines the residents' grievance process; any third-party assistance to the resident; and appealing the initial decision in response to the grievance. The grievance process is also described in the Resident Handbook. During this audit period, no Grievance Form was submitted alleging sexual abuse or sexual harassment.

Provision (b):

(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

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

Provision (c):

The agency shall ensure that—

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

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

Residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. Such grievance is not referred to a staff member who is the subject of the complaint. It is documented when a grievance alleging sexual abuse or sexual harassment is retrieved from a grievance box.

Provision (d):

(1) The agency shall issue a final agency decision on the merits of any portion of a

grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

The timelines of this standard provision are replicated in policy. The Extension of PREA Grievance Response Form will be utilized if the normal time period for response is insufficient to make an appropriate decision.

Provision (e):

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

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

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

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

Policy supports third-party assistance to a resident in filing grievances related to allegations of sexual abuse and a third-party may file a grievance on behalf of the resident. Documents reviewed and interviews support that attorneys, family members, and probation officers are permitted to visit residents, providing the opportunity for assistance with or the filing of complaints alleging sexual abuse, if needed or requested by the resident.

The agency's website also provides for the completion of a third-party report online. Parents or legal guardians are provided information regarding the third-party reporting and the grievance system. If a complaint is filed on behalf of the resident

	<p>by someone other than the parent or legal guardian and the resident refuses the assistance, the reason will be documented.</p> <p>Provision (f):</p> <p>(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.</p> <p>(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p>Policy provides for emergency grievances to be responded to within 48 hours. If a grievance alleging sexual abuse is received, it is reported by staff to the appropriate investigative entity per policy. The review of the grievance will include measures to ensure safety and also include but not limited to determining an immediate corrective action that would be implemented within 48 hours.</p> <p>The Grievance Form provides for a resident to submit an emergency grievance specifically if they have been sexually abused or feel there is an imminent threat of being sexually abused. The residents' rights are listed on the Grievance Form and include but are not limited to the residents' rights to: be free from sexual abuse; receive medical care; be free from cruel and unusual punishment; receive legal assistance; and have contact with family and guardians.</p> <p>Provision (g):</p> <p>The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>A resident will receive a major rule violation for filing an emergency grievance in bad faith. Based on the nature of the grievance, criminal charges may be filed, according to the Grievance, Problem-Solving and Suggestions Policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Resident Reporting of Sexual Abuse Policy</p> <p>Resident Handbook</p> <p>Memorandum of Understanding (MOU)</p> <p>PREA Education Materials</p> <p>PREA Posters</p> <p>Interviews:</p> <p>Residents</p> <p>Acting Administrator/PREA Coordinator</p> <p>Advocate</p> <p>Provision (a):</p> <p>The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p> <p>Information is provided in the Resident Handbook, posters, and other printed materials. The resident interviews revealed they have access to call the hotlines at any time and the information is posted at the telephones. The MOU with the YWCA Rape Crisis Center for the provision of advocacy services and interview with the Advocate confirmed the services to be provided and the confidentiality of advocacy services provided. During the comprehensive site review, the dedicated telephones were checked and were found to be in working order and were answered promptly.</p> <p>Provision (b):</p> <p>The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>The MOU, interviews, and policy provide there will be adherence to confidentiality measures. The resident interviews revealed that the information would remain</p>

	<p>private. Posted at each telephone is a document which outlines what advocates can and cannot do. The posted advocacy charts inform residents, among other things, that an advocate cannot give legal advice or conduct investigations. Residents are informed of the advocacy services including accompanying a resident to the hospital regarding a forensic examination; accompanying residents during an investigative interview; listen and provide support after an incident of abuse; show respect to the victim; and work with the facility staff to make sure the resident is safe.</p> <p>Provision (c):</p> <p>The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.</p> <p>A MOU exists between the facility and YWCA Rape Crisis Center for victim advocacy services. The MOU and the advocacy service agency's representative's interview document the provision of advocacy services including but not limited to emotional support; accompaniment through the forensic medical examination and investigative interview; and follow-up. The facility is provided services through the 24-hour crisis line number.</p> <p>Provision (d):</p> <p>The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>The residents have access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by the Resident Handbook and memorandum and logbook entry concerning an attorney's visit. All residents interviewed confirmed visitation occurs with attorneys and court workers in private, and family with a reasonable amount of privacy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

	<p>Resident Reporting of Sexual Abuse Policy</p> <p>PREA Posters</p> <p>PREA Brochures</p> <p>Resident Handbook</p> <p>Website Information</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>Standard 115.354:</p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Random staff are aware third-party reporting of sexual abuse or sexual harassment can be done and indicated the information will be accepted and reported. Staff reported they are to document all verbal reports received. The interviews revealed that staff may report allegations privately through the use of the abuse reporting hotlines, facility website, and tell Supervisors and other staff. There is a link on the agency's website for third-parties to report allegations of sexual abuse and sexual harassment.</p> <p>Information regarding reporting is posted on the facility's website and contained in the Resident Handbook. The reporting information is also posted within the facility. All residents interviewed indicated knowing someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them if needed. PREA education is provided to parents and legal guardians, confirmed through signed and dated acknowledgement statements. No third-party reports were received during this audit period.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance regarding third-party reporting.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

Suspected or Alleged Child Abuse or Neglect Policy

Facility Code of Ethics for Staff Members Policy

PREA Compliance Policy

Training Records

Interviews:

Random Staff

Acting Administrator/PREA Coordinator

Medical Staff

Mental Health Staff/Investigative Staff

Provision (a) and (b):

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

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

Staff members are required to report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws. The facility-based trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Toledo Police Department. Staff members are deemed as mandated reporters by the State. The Suspected or Alleged Child Abuse or Neglect Policy provides guidance to staff on reporting allegations of sexual abuse and sexual harassment.

Provision (c):

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

The Code of Ethics for Staff Members Policy addresses confidentiality of information and the conditions for providing information. The policies collectively indicate that

after allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary regarding the investigation and treatment and management decisions.

Provision (d):

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

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

The medical and mental health staff indicated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. Clinical and all other staff members are mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment of residents, in accordance with policy.

Provision (e):

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

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

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

Reports of allegations of sexual abuse will be made as soon as possible by the Acting Administrator or designee to the investigative entity, parents, juvenile court and Ohio Department of Youth Services. The interview with the Acting Administrator and policy confirmed a resident's case worker rather than a parent would be notified where indicated by the resident being under the guardianship of a child welfare agency. The resident's attorney will be notified by the Acting Administrator or designee in accordance with policy, which provides for within 14 days.

Provision (f):

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

Policy and interviews provide for all allegations to be reported and include the

	<p>investigators. Administrative investigations are conducted by trained facility-based investigators. Allegations that are criminal in nature are referred for investigation to the Toledo Police Department. Third-party and anonymous reports received must be reported and documented by staff as confirmed through staff interviews. The interviews confirmed all allegations, including those reported anonymously or by a third-party are reported to a facility-based investigator. There were no allegations of sexual abuse or sexual harassment during this audit period.</p> <p>Conclusion:</p> <p>The facility is in compliance with this standard based on staff interviews, review of policy, and lack of related evidence regarding allegations or incidents of sexual abuse or sexual harassment of residents.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Code of Ethics for Staff Members Facility</p> <p>PREA Compliance Policy</p> <p>Interviews:</p> <p>Acting Administrator/PREA Coordinator</p> <p>Random Staff</p> <p>Provision (a):</p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>The staff is required to protect the residents through implementing protective measures. Administration of the Youth Vulnerability Assessment, screening instrument, provides information that assists and guide staff in keeping residents safe through housing and program assignments. Other assessment instruments provide information which offer additional information in determining the risk level of each resident.</p> <p>The interviews of the random staff and Acting Administrator collectively revealed protective measures include but are not limited to separating youth for safety, including housing changes; notify Shift Leader, Manager, management, and clinical staff; and document the situation. The Administrator and random staff indicated the expectation is that any action to protect a resident would be taken immediately. No</p>

	<p>resident was identified to be at substantial risk of imminent sexual abuse in the past 12 months. During the intake process, residents are asked about how they feel about their safety as part of the inquiries by staff completing intake paperwork.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Reviewed:</p> <p>Suspected or Alleged Child Abuse or Neglect Policy</p> <p>Interviews:</p> <p>Acting Administrator/Agency Head Designee</p> <p>Provisions (a) - (d):</p> <p>Provision (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Provision (c): The agency shall document that it has provided such notification.</p> <p>Provision (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Policy provides that upon receiving an allegation a resident was sexually abused while confined at another facility, the Administrator will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and also notify the Lucas County Department of Children Services. The notification is to be made as soon as possible and within 72 hours and is to be documented, in accordance with the Policy. Notification is also required to the Lucas County Juvenile Court and the Ohio Department of Youth Services. The interview and Policy support that allegations of sexual abuse or sexual harassment from a resident regarding his/her stay in another facility will be reported and investigated as required. In the past 12 months, there were no allegations of sexual abuse occurring at another facility</p>

	<p>received by the Lucas County Youth Treatment Center.</p> <p>Conclusion:</p> <p>Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>The Coordinated Response and Investigations of Allegations of Sexual Assault, Sexual Abuse, and Sexual Harassment Policy</p> <p>LGBTI Policy</p> <p>Resident Room Assignment Rosters</p> <p>Interviews:</p> <p>Random Staff</p> <p>Provision (a):</p> <p>Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <p>(1) Separate the alleged victim and abuser;</p> <p>(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</p> <p>(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>The interviews with staff confirmed awareness of first responder duties and the training provided. There were no allegations of sexual abuse or sexual harassment or incidents where staff had to act as a first responder in the last 12 months. Policy</p>

	<p>and training provide and the interviews support that upon learning of an allegation that a resident was sexually abused, the staff response includes but is not limited to the following:</p> <ul style="list-style-type: none"> a. Separate the victim and alleged abuser; b. Call for assistance; c. Ensure appropriate medical attention; d. Preserve and protect the scene until appropriate steps can be taken to collect any evidence; e. Obtain tape for securing scene and evidence collection bags stored in the Control Booth; f. Request that the alleged victim not take any actions that could destroy physical evidence. g. Take actions to ensure the alleged abuser does not take any actions that could destroy physical evidence; h. Provide line of sight supervision; i. Make the required notifications. <p>Provision (b):</p> <p>If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Policy instructs non-security staff who may act as a first responder to request that physical evidence be preserved and to contact direct care staff for assistance. There were no allegations of sexual abuse or sexual harassment or incidents where a non-security staff member had to act as a first responder in the last 12 months.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

	<p>The Coordinated Response and Investigations of Allegations of Sexual Assault, Sexual Abuse, and Sexual Harassment Policy</p> <p>The Coordinated Response to Sexual Abuse, Assault or Harassment</p> <p>Interviews:</p> <p>Random Staff</p> <p>Acting Administrator</p> <p>Provision (a):</p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Policy contains actions for staff to take when there is an alleged incident of sexual abuse and requires a written facility plan of action. A written institutional plan, The Coordinated Response to Sexual Abuse, Assault or Harassment, is a diagram which outlines the actions that must occur in response to an incident of sexual abuse. The institutional plan includes the involvement of identified staff members such as the first responder; mental health staff; medical staff; PREA Coordinator; and outside agencies. Staff are familiar with the actions to take in response to an allegation of sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility staff has the capability to implement the coordinated response plan to an incident of sexual abuse.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Reviewed:</p> <p>Personnel: Job Classification Position Descriptions Policy</p> <p>Interview:</p> <p>Acting Administrator/Agency Head Designee</p> <p>Provision (a) and (b):</p>

	<p>Provision (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreements that limits the agency's ability to remove alleged staff sexual abusers form contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Provision (b): Nothing is this standard shall restrict the entering into on renewal of agreements that govern:</p> <p>(1) The conduct of the disciplinary process, at long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or</p> <p>(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The facility is not involved in and does not maintain collective bargaining agreements. However, the Policy does provide for compliance with the standard if the situation should change in the future.</p> <p>Conclusion:</p> <p>Based on information provided, the facility is compliant with this standard.</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Suspected or Alleged Child Abuse or Neglect Policy</p> <p>Alleged Sexual Abuse, Sexual Assault, or Sexual Harassment Retaliation Monitoring Checklist</p> <p>Interviews:</p> <p>Designated Staff Member Charged with Monitoring Retaliation</p> <p>Acting Administrator/Agency Head Designee</p> <p>Provision (a):</p> <p>The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual</p>

harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Policy supports protecting residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The Alleged Sexual Abuse, Sexual Assault, or Sexual Harassment Retaliation Monitoring Checklist will be used by the Designated Staff Member Charged with Monitoring Retaliation, or an assisting supervisor, to document the monitoring activities. Although there have been no allegations of sexual abuse or sexual harassment, the person that ensures retaliation monitoring is aware of the related duties and policy requirements.

Provision (b):

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

Facility protection measures are aligned with the Policy and dedicated form. Based on the interviews, Policy, and monitoring form, protective measures include but are not limited to: random camera checks; status checks; separation of residents; shift reassignment; housing reassignment; program changes; work assignments; completion of Retaliation Monitoring Checklist; ensuring access to the hotlines; and follow-up during management team meetings. The staff interviews were aligned with the Policy and Checklist that would be used to document the required retaliation monitoring activities.

Provision (c):

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

The Policy provides that the monitoring would occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The retaliation monitor stated the monitoring period could last longer if needed, including the entire time the resident remains in the facility. The Policy and interviews identify items that would be monitored to assess retaliation include but is not limited to review of camera footage; patterns of interactions; and disciplinary reports. There have been no allegations of sexual abuse or sexual harassment during this audit period. The facility has safeguards in place to identify and respond

	<p>to retaliation if such occurs.</p> <p>Provision (d):</p> <p>In the case of residents, such monitoring shall also include periodic status checks.</p> <p>The Policy, Retaliation Monitoring Checklist and interview with the retaliation monitor indicate that status checks would occur as a part of retaliation monitoring. Initial contact will be made by the retaliation monitor and follow-up checks would be made and all checks will be documented on the dedicated retaliation monitoring form. Retaliation monitoring has not been required during the past 12 months due to no allegations of sexual abuse or sexual harassment.</p> <p>Provision (e):</p> <p>If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>The Policy encompasses those who cooperate with an investigation if there is a concern regarding retaliation. The appropriate measures will be taken to protect any related individuals against retaliation.</p> <p>Provision (f):</p> <p>An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>The Policy provides that the obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded. The interviews determined familiarity with the Policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>Placement of Residents in Living Units Policy</p> <p>Interviews:</p>

	<p>Acting Administrator</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provision (a):</p> <p>The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>The Policy provides that residents who may be placed in protective custody are only isolated as a last resort if less restrictive measures are inadequate to protect the resident and only until an alternative placement could be arranged. The Policy states that while in isolation the resident will not be denied education, daily large muscle exercise and other program services.</p> <p>The procedures and interviews provide that any use of isolation to protect a resident does not prevent them being afforded educational programming or special education services and daily visits from a medical or mental health clinician and other requirements. If a resident is placed in protective custody, a review to determine whether there is a continuing need for the isolation will be conducted every 30 days.</p> <p>The facility reports that no residents alleged sexual abuse and were placed in protective custody in the past 12 months. The interviews supported that if a resident would be placed in protective custody, the required treatment and program services would be provided in accordance with the Policy.</p> <p>Conclusion:</p> <p>Based upon the review of Policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Policy, Coordinated Response and Investigations of Allegations of Sexual Assault, Sexual Abuse and Sexual Harassment</p> <p>Agency Policy, PREA Standards</p> <p>Memorandum of Understanding (MOU) – Toledo Police Department</p>

Coordinated Response Plans

PREA Administrative Investigation Form

Interviews:

Acting Administrator/PREA Coordinator

Investigative Staff

Provision (a):

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

According to policy and interviews, the trained facility-based investigators conduct administrative investigations. The Toledo Police Department conducts investigations when the allegations are criminal in nature, in accordance with policy and the MOU between the facility and the Police Department. Investigations will be conducted promptly, thoroughly and objectively according to the policy and interviews and all type of investigations are conducted with the same level of effort. The PREA Administrative Investigation Form outlines the investigation process. It was revealed that the investigation would begin within the hour of the investigator learning of the allegation. There were no allegations of sexual abuse or sexual harassment during this audit period.

Provision (b) and (c):

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

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

The interviews, training curricula, and policy are aligned with the the standard provisions. The investigators have Certificates of Completion of the online courses with the National Institute of Corrections and the Ohio Department of Youth Services. Facility policy indicates that law enforcement is primarily responsible for collecting physical and DNA evidence. However, the interview revealed that the incident reports and other paperwork and video footage will be gathered and preserved for the investigation and in support of a criminal investigation.

Tape for securing an alleged crime scene and evidence collection bags are stored in the Control Booth, accessible to the investigative staff if needed. The PREA Administration Investigation Form outlines the investigation process, including but

not limited to interviews and review of other incidents involving the suspected perpetrator.

Provision (d):

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

The interview with the investigative staff confirmed this standard provision and policy directive that provides for an investigation not to be terminated if the source recants the allegation.

Provision (e):

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The facility-based investigators do not have a practice for conducting compelled interviews.

Provision (f):

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

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

Provisions (g) and (h):

Provision (g): Administrative investigations:

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

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

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

The interview with investigative staff confirmed the investigations would include an effort to determine whether staff actions or failures to act contributed to the abuse. It was also confirmed that all investigations are completed with written reports that include a description of the physical evidence and investigative facts and findings. The Auditor observed a locked cabinet in a locked office in the administrative area where related materials will be securely stored.

Provision (i):

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

The facility-based investigators do not conduct criminal investigations. It is the responsibility of law enforcement personnel to refer cases for prosecution which is indicated in the MOU with the Toledo Police Department.

Provision (j):

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

The agency's PREA Standards Policy provide that written investigative reports are maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a resident and applicable law requires a shorter period of retention.

Provision (k):

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

Policy and the interview with the investigative staff confirmed that upon the start of an investigation, it will not end until the investigation has been completed. The departure of the alleged abuser or victim from the employment or control of the facility will not terminate the investigation.

Provision (l):

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

The investigative agencies are aware of the PREA standards requirements. There is a MOU with the Toledo Police Department. Facility policy confirms a uniform evidence protocol will be used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

Provision (m):

When outside agencies investigate sexual abuse, the facility shall cooperate with

	<p>outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>Policy and interviews support that staff cooperate with investigators and that the facility is kept informed of the progress of an investigation. There is a working relationship with the Toledo Police Department, communication avenue, and a MOU.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Reviewed:</p> <p>Policy, Coordinated Response and Investigations of Allegations of Sexual Assault, Sexual Abuse and Sexual Harassment</p> <p>Policy, Definitions</p> <p>Interview:</p> <p>Investigative Staff</p> <p>Provision (a):</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The Policy provides directions to staff regarding the administrative investigations and provides the evidentiary standard for administrative investigations. Management team members conduct administrative investigations and allegations that are criminal in nature are referred to the Toledo Police Department. According to the interview and policy, the standard of evidence required to substantiate allegations is the preponderance of the evidence. There were no allegations of sexual abuse or sexual harassment during this audit period.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>

115.373	Reporting to residents
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 633 376">Documents Reviewed:</p> <p data-bbox="280 409 1431 488">Coordinated Response and Investigations of Allegations of Sexual Assault, Sexual Abuse and Sexual Harassment Policy</p> <p data-bbox="280 521 1211 555">Notification of Administrative Investigation Review Outcome Form</p> <p data-bbox="280 589 1220 622">Memorandum of Understanding (MOU) – Toledo Police Department</p> <p data-bbox="280 667 443 701">Interview:</p> <p data-bbox="280 734 572 768">Acting Administrator</p> <p data-bbox="280 801 539 835">Investigative Staff</p> <p data-bbox="280 880 496 913">Provision (a):</p> <p data-bbox="280 947 1469 1070">Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="280 1104 1461 1350">Policy addresses the resident being informed when the investigation is completed and the outcome of the investigation provided in writing. The facility has a dedicated form to be used for notification of completed investigations. The form provides responses to investigations conducted for sexual abuse, sexual assault or sexual harassment as noted on the form. The interviews revealed awareness of the policy and standard requirement.</p> <p data-bbox="280 1384 496 1417">Provision (b):</p> <p data-bbox="280 1451 1351 1529">If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p data-bbox="280 1563 1461 1731">The Administrator or designee will remain abreast of an investigation conducted by law enforcement and will be provided a copy of completed investigations. The results of the investigation will be provided to the resident in writing, utilizing the Notification of Administrative Investigation Review Outcome Form.</p> <p data-bbox="280 1765 496 1798">Provision (c):</p> <p data-bbox="280 1832 1458 1955">Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <p data-bbox="280 1989 1230 2022">(1) The staff member is no longer posted within the resident’s unit;</p>

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

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

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

Provision (d):

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

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

The policy provides that following a resident's allegation that he has been sexually abused by another resident the alleged victim shall be informed, in writing, whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse.
- b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.

Provision (e):

All such notifications or attempted notifications shall be documented.

Policy provides that the notifications to the resident be documented. There were no allegations of sexual abuse or sexual harassment.

Provision (f):

	<p>An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>The facility's obligation to report under this standard terminates if the resident is released from the facility per the Policy.</p> <p>Conclusion:</p> <p>The interviews and review of evidence confirmed the requirements and staffs' knowledge of the process of reporting to a resident regarding the outcome of an investigation.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Code of Ethics for Staff Members Policy</p> <p>Interview:</p> <p>Acting Administrator</p> <p>Provision (a):</p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The policy and interview support that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. There were no violations of the agency's sexual abuse and sexual harassment policies.</p> <p>Provision (b):</p> <p>Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>Policy states that termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. The interview was aligned with policy.</p> <p>Provision (c):</p> <p>Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed</p>

	<p>for comparable offenses by other staff with similar histories.</p> <p>Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff. During this audit period, there were no allegations of sexual abuse or sexual harassment.</p> <p>Provision (d):</p> <p>All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies. No staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies during this auditing period and there have been no related staff resignations.</p> <p>Conclusion:</p> <p>Based upon the review of policy and the interview, the Auditor determined the facility is compliant with this standard regarding disciplinary sanctions for staff.</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Contract Personnel, Juvenile Justice System, and Community Agency Policy</p> <p>Interviews:</p> <p>Acting Administrator</p> <p>Contractors (3)</p> <p>Volunteer</p> <p>Provision (a):</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from</p>

	<p>contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Policy provides for contractors and volunteers who engage in sexual abuse with a resident be reported to law enforcement and to relevant licensing bodies. Documentation and interviews with three contractors and a volunteer confirm the facility provides contractors and volunteers a clear understanding that sexual misconduct with a resident is prohibited. Policy states any contractor or volunteer who violates the agency's sexual abuse or sexual harassment policies is prohibited from contact with residents. During this audit period, there were no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.</p> <p>Provision (b):</p> <p>The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy provides that any contractor or volunteer who violates the agency's sexual abuse or sexual harassment policies be prohibited from contact with residents and reported to law enforcement, unless the activity was clearly not criminal. In the past 12 months, no contractors or volunteers were reported for allegations of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review of the documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Behavior Management Policy</p> <p>PREA Compliance Policy</p> <p>Resident Handbook</p> <p>Interviews:</p> <p>Acting Administrator</p> <p>Lead Therapist</p>

Provision (a):

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Policy provides residents may be subject to disciplinary sanctions only after formal proceedings regarding resident-on-resident sexual abuse. Residents found in violation of facility rules are subject to sanctions pursuant to the administrative process or following a criminal finding of guilt. The consequences will be administered through the behavior management system, development of a Behavior Plan, removal from the program, or criminal charges filed. There has not been an incident of sexual abuse during the past 12 months. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities.

Provision (b):

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

Policy provides that disciplinary sanctions are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; considers similar disciplinary history of other residents; and consideration of mental disabilities or mental illness contributing to the behavior. PREA related violations can result in the resident being removed from the facility and/or charges filed. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities. Daily visits will be made to residents if they are placed in isolation and residents will have access to other program activities, as supported by policy and the interviews.

Provision (c):

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Policy and the interview with the Acting Administrator provide for consideration of mental disabilities or mental illness contributing to the resident's behavior regarding the application of disciplinary measures. There were no allegations of sexual abuse or sexual harassment during this audit period.

Provision (d):

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

The facility would consider whether to offer the offending resident intervention services designed to address and correct underlying reasons or motivations for the abuse participation, based on the interview with the Lead Therapist. Participation in such interventions would not be required as a condition for participation in the behavior management system or to access general programming or education as determined from the interview with the mental health staff. The resident's assigned Therapist and the Lead Therapist are equipped to and will develop treatment planning and interventions to address underlying reasons or motivations for the abuse with alleged victims and offending residents. The policies and interviews are aligned.

Provision (e):

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Policy provides that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. No such contact has occurred during this audit period.

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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

Provision (g):

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

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

	<p>Conclusion:</p> <p>Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Mental Health Services Policy</p> <p>Special Needs Health Care Policy</p> <p>Interviews:</p> <p>Staff that Performs Screening for Risk of Victimization and Abusiveness</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Acting Administrator/PREA Coordinator</p> <p>Provision (a) and (b):</p> <p>Provision (a): If the screening pursuant to §115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>Provision (b): If the screening pursuant to §115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>Policy provides residents be referred to a mental health clinician within 14 days if he/she is identified as a high risk with a history of sexually assaultive behavior and/ or if he/she is identified as a risk for sexual victimization. Mental health services are provided to residents within the facility and through community mental health services. Some issues may be addressed at the time of intake which is the practice and where indicated, outside mental health services will be scheduled to occur within 14 days as provided for in policy. The staff and targeted interviews and supporting documentation revealed follow-up with a clinician within 14 days and the same or next day for facility staff.</p>

	<p>Provision (c):</p> <p>Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p>According to Policy, no information is to be shared with other staff unless it is required for security and management decisions regarding sexual abuse history. Facility staff is informed and receive information regarding confidentiality of information about residents. Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to the staff as necessary to inform security and make effective management decisions. The Auditor observed files maintained in a secure manner in locked file cabinets behind lockable doors in the administrative area. Information stored electronically is password protected.</p> <p>Provision (d):</p> <p>Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>The Special Needs Health Care Policy addresses informed consent being obtained for residents over 18 years old prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting and provides for no conflict with the worker's status as a mandated reporter. Medical and mental health staff members understand the practice of informed consent which is provided for in policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <p>Coordinated Response and Investigations of Sexual Assault, Sexual Abuse, and Sexual Harassment Policy</p> <p>PREA Compliance Policy</p>

Code of Ethics for Staff Members Policy

Interviews:

Medical Staff

Mental Health Staff

Provision (a):

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

The policy supports that the alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The interviews were aligned with the policy including that the nature and scope of their services are determined according to their professional judgment.

The victim would be transported to the hospital for a forensic medical examination by a Sexual Assault Nurse Examiner, at no cost to the victim and in accordance with policy and the coordinated response plan. Youth are informed of clinical and medical services during the intake process and meet with a representative from each discipline. Observations revealed that medical and mental health staff members maintain secondary materials and documentation of resident encounters. There have been no incidents of sexual abuse during this audit period.

Provision (b):

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

The interviews revealed residents have access to unimpeded access to emergency services. The policies and coordinated response plan provide guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and/or making arrangements for getting residents to the hospital. A review of the written plan and policies; observations of the interactions among residents and staff; and the interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

Provision (c):

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

	<p>Policy and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis at the hospital, where medically appropriate. Follow-up services as needed will be provided by the facility's treatment staff and/or transportation will be provided to support services coordinated by staff, according to the interviews.</p> <p>Provision (d):</p> <p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy and interviews provide that treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser, or cooperate with any investigation arising out of the incident. The Memorandum of Understanding with the Rape Crisis Center also supports that treatment services will be provided at no cost to the victim</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>Special Needs Health Care Policy</p> <p>Mental Health Services Policy</p> <p>Interviews:</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>Provision (a):</p> <p>The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Medical and mental health evaluation and treatment will be offered to resident</p>

victims of sexual abuse as stated in the Mental Health Services Policy. The interviews revealed that follow-up services will be provided that include but are not limited to trauma treatment, physical care, and referral for outside services, as needed.

Provision (b):

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

The interviews, policy and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not be limited to treatment planning; evaluations, medical follow-up, and referrals as needed. Specialized treatment may be provided by staff onsite and through contract services; follow-up discharge instructions will also be followed.

Provision (c):

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

Review of policies, staff interviews and observations revealed medical and mental health services are consistent with the community level of care. Treatment services may be provided by facility staff and community providers. The interviews revealed that treatment services at the facility are consistent with the community level of care.

Provision (d):

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

The Special Needs Health Care Policy and the interviews document that resident victims of sexual abusive vaginal penetration will be offered pregnancy tests.

Provision (e):

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

The Special Needs Health Care Policy and the interviews ensure that timely and comprehensive information about and timely access to all lawful pregnancy-related medical services will be provided.

Provision (f):

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

	<p>The interviews and policy ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.</p> <p>Provision (g):</p> <p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>All treatment services will be provided at no cost to the victim and whether or not the victim names the abuser or cooperates with the investigation, according to policy and staff interviews.</p> <p>Provision (h):</p> <p>The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse. According to the Mental Health Services Policy, a mental health evaluation will be conducted on all known resident-on-resident abusers within 60 days. The interview with mental health staff indicated that the evaluation will be completed within a week of the identified need.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p> <p>Interviews:</p> <p>Designated Staff Member Charged with Monitoring Retaliation</p> <p>Acting Administrator</p> <p>Provision (a):</p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every</p>

sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The PREA Compliance Policy requires the facility to conduct a sexual abuse incident review at the conclusion of an investigation, unless the allegation was unfounded. The staff understands the role of the incident review team. A review of the Policy and interview confirmed incident reviews will be conducted regarding the investigation of an allegation of sexual abuse, unless unfounded and in accordance with the Policy. The management team meets weekly to review significant incidents; however, there were no allegations of sexual abuse or sexual harassment during this audit period.

Provision (b):

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

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

Provision (c):

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

The Policy and interviews identify the management team as the incident review team members which include the Administrator, Assistant Administrator, Lead Therapist, and Managers. There will also be input from shift leader, investigator, Nurse and Therapist. The additional staff members will attend the meeting as needed, related to the incident.

Provision (d):

The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to

	<p>supplement supervision by staff; and</p> <p>(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p>The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interviews and review of Policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation. The Policy provides that written results of the meeting be prepared, including recommendations for improvement and the document be submitted to the Administrator.</p> <p>Provision (e):</p> <p>The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>The Policy directs the report be provided and the recommendations be implemented. The Policy also provides that reasons for not following recommendations be documented by the Administrator. No incident review team meeting for a PREA allegation or incident was held during this audit period due to there being no allegations of sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the Policy and interviews, the Auditor has determined the facility is compliant with this standard.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p> <p>Annual Report</p> <p>Interviews:</p> <p>Acting Administrator/PREA Coordinator</p> <p>Provisions (a) & (c):</p> <p>Provision (a): The agency shall collect accurate, uniform data for every allegation</p>

of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Provision (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Policy provides that the facility collects accurate and uniform data for every allegation of sexual abuse from incident-based documents. The facility collects the data and completes the Survey of Sexual Victimization, formerly known as the Survey of Sexual, Violence as requested. The facility participates in the data collection conducted by the U. S. Department of Justice, based on the directions provided.

Provision(b):

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

The facility is prepared to collect incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. Aggregated data will contribute to the development of an annual report. Interviews reveal that management staff conduct ongoing reviews and implementation of corrective actions so that any identified issues do not become problems.

Provision (d):

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

The facility has a system of collection of review and maintain various types of identified data and related documents regarding PREA information as applicable. The facility collects and maintains data and aggregates the data which culminates into a report. The facility reports no allegations or incidents of sexual abuse or sexual harassment for this audit period.

Provision (e):

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

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

Provision (f):

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

The PREA Compliance Policy provides that upon request, the facility completes all such data from the previous calendar year to the Department of Justice in a timely

	<p>manner based on the year of the most recent version of the Survey of Sexual Victimization.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation and the interviews, the Auditor has determined the facility is compliant with this standard regarding data collection.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p> <p>Annual Report</p> <p>Interview:</p> <p>Acting Administrator/PREA Coordinator/Agency Head Designee</p> <p>Provision (a): The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <p>(1) Identifying problem areas;</p> <p>(2) Taking corrective action on an ongoing basis; and</p> <p>(3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.</p> <p>The interview supports the review of data and continuous review of the effects of the continuous implementation of the PREA Standards. The interview and review of documentation revealed the collection of various types of data. There is indication that data is reviewed to assess and continuously improve the effectiveness of prevention, detection and response and for preparing annual reports based on the collected data.</p> <p>Provisions (b)-(d):</p> <p>Provision (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.</p>

	<p>Provision (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.</p> <p>Provision (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The annual report is prepared by the PREA Coordinator and approved by the position of Administrator. The data used for the report is also provided to the PREA Administrator, Ohio Department of Youth Services. There are no personal identifiers in the report. The annual report contains PREA related data that represents the last three calendar years allowing for comparison of data over the three-year period. An annual report is posted on the Lucas County website.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>PREA Compliance Policy</p> <p>Annual Report</p> <p>Interview:</p> <p>PREA Coordinator</p> <p>Provision (a)-(d):</p> <p>Provision (a): The agency shall ensure that data collected pursuant to §115.387 are securely retained.</p> <p>Provision (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.</p> <p>Provision (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p>

	<p>Provision (d): The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>The Policy provides that all data collected be securely stored and maintained for at least 10 years unless a law requires otherwise and in accordance with the Lucas County Juvenile Court's record retention and destruction schedule. The Policy requires that personal identifiers be removed from aggregated data before making the data publicly available. The annual report is available to the public through the Lucas County website. A review of the annual report verified there are no personal identifiers. All facility records are securely stored per the Policy and as observed during the site review. There is a locked file cabinet contained in the lockable office within the lockable administrative section of the building.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, interview and observations, the Auditor determined the facility is compliant with this standard.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The agency has completed PREA audits as required with the most recent audit completed in 2020. The PREA Pre-Audit Questionnaire and supporting documentation was initially provided to the Auditor through the online system. The Auditor was provided additional information in the supplemental files and onsite, as requested. A comprehensive site review was conducted with the Auditor and there was full access to the facility. The facility's Acting Administrator/PREA Coordinator and other facility staff were cooperative with all aspects of the audit process. The Ohio Department of Youth Services' PREA Administrator was also helpful and cooperative during all phases of the audit process. i</p> <p>Appropriate work space was provided during the onsite audit phase. The Acting Administrator ensured that the interviews were conducted in private with the residents and staff. The posted notices regarding the audit were observed posted throughout the facility and interviews with residents and an email with attached pictures confirmed the postings for the appropriate time period. The notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process for confidential correspondence; however, no correspondence was received by the Auditor from residents or staff.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Annual Report</p> <p>Interview:</p> <p>Agency PREA Administrator</p> <p>Provision (f):</p> <p>The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.</p> <p>The posted PREA reports do not contain any personal identifying information other than names and job titles. The facility's policies and additional documentation, practices and interviews were reviewed regarding compliance with the standards and have been identified in the reports. The audit findings were based on a review of policies, procedures, supporting documentation, observations, and interviews. There were no conflicts of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.371	Criminal and administrative agency investigations	

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

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

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

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

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

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

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

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

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

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

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

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

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